

**Pacific Dental Care, PC**

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**REFERRAL FORM**

**REFERRING DENTIST**

Name: .....

Office Name: .....

Phone #: ( ) - .....

**PATIENT INFORMATION**

Patient's name: .....

DOB: / / .....

Phone # Home: ( ) - .....

Mobile: ( ) - .....

Email: .....

**PURPOSE OF REFERRAL** (Please circle one)

1 - Consultation & Treatment

2 - Second Opinion

3 - Treatment Plan

**REFERRING TO** (Please circle one)

1 - Dr. Christine Vuong

2 - Dr. Duc Kim Bui

3 - Dr. Vinh Nguyen-Phuoc

4 - Any available provide

**REASON FOR REFERRAL / TEETH # / DIAGNOSIS**

[Empty box for Reason for Referral / Teeth # / Diagnosis]

Thank you for your referral. Please complete and return this form along with records via fax or email.

Signature: .....

Date: / / .....