HAPPY CAMPERS
pediatric dentistry
— Colton Charles DMD —

Patient: _____ **Age:** _____

Referred for:
- ☐ Treatment requested *(specify)*
- ☐ Consult
- ☐ Please provide complete care
- ☐ Sedation

Xrays: ☐ Emailed ☐ Sent with patient ☐ none

Comments: _____

_____

Referring Provider: _____ **Phone:** _____

1150 E Heritage Park St, Suite 150
Meridian, ID 83646

208-288-2719

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Happy Healthy Smiles Start Here!