



**MIGHTY
SMILES**
DENTISTRY

Dr. Amanda Campbell
Dr. Vanna Truong
🌐 mightysmileslv.com
✉ info@mightysmileslv.com

(702) 850-8148

4210 W Craig Rd #104 | North Las Vegas, NV 89032

REFERRAL FORM

Name: _____

Age: _____ Date: _____

Referring Dr./Referring Office: _____

Referring Dr. Tel. No: _____

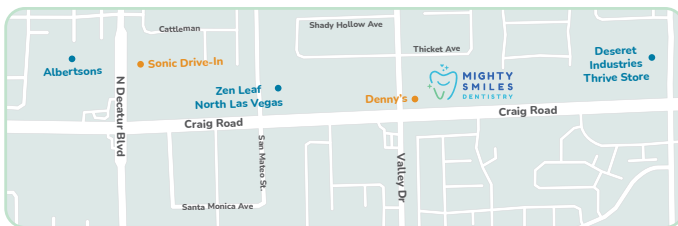
Special Concerns: _____

Reason for Referral 1st Dental Visit Toothache Cavity
 Special Needs Trauma General Anesthesia

Radiographs None available X-rays sent with patient

Please evaluate the following teeth (please circle)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
R I G H T	A B C D E							F G H I J					L E F T		
	T S R Q P							O N M L K							
	32	31	30	29	28	27	26	25	24	23	22	21		20	19



THANK YOU FOR YOUR REFERRAL.

We appreciate your trust in allowing us to be a part of your patient's dental care.