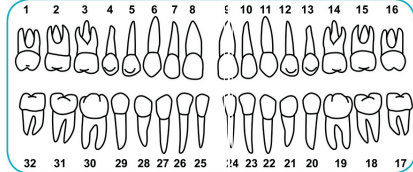
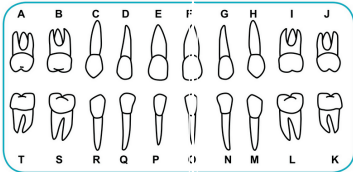




Jared Lothyan, DDS  
Krisha-Tyra Misa, DDS

Introducing: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Patient Phone: \_\_\_\_\_

- Dental Caries/ Cavities
- Sedation/General Anesthesia
- Space Maintenance Concerns
- Trauma/Emergency



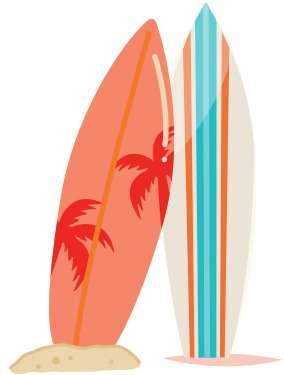
Radiographs: \_\_\_\_\_

- No Radiographs taken
- Will send electronically to: [frontdesk@surfandsmiles.com](mailto:frontdesk@surfandsmiles.com)

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Please accept patient into your practice
- Please have patient return to our practice for a regular recall after completion of treatment

Referred By: \_\_\_\_\_  
Dentist  
Office



# SMILE SURFERS

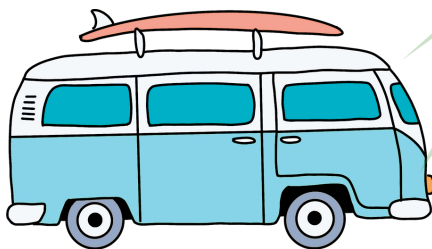
KIDS DENTISTRY

## Sumner Office

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16209 64th St E, Suite 102  
Sumner, WA 98390  
Fax: (253) 750-4912

## Auburn Office

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Auburn, WA, 98002  
Fax: (253) 357-0596



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