

## DENTIST REFERRAL FORM

REFERRED BY:

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REASON FOR REFERRAL:

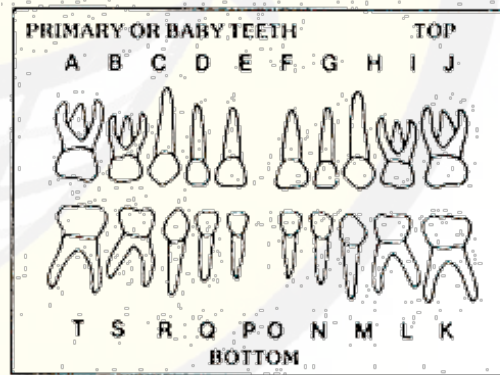
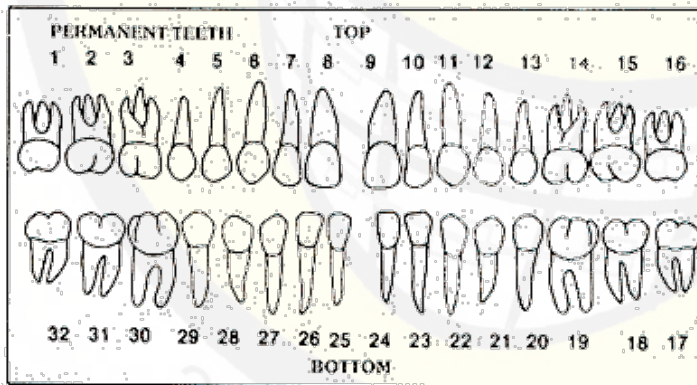
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Location: Bayonne | Jersey City | Wallington

Phone: Mobile | Office

Doctor Signature

Date