



*-Where Smiles Begin-*

**Amelia N. Chim, DDS, MSD**

*Pediatric Dentist Specialist*

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Email: [MarysvilleKidsDentist@gmail.com](mailto:MarysvilleKidsDentist@gmail.com)

Website: [www.MarysvilleKidsDentist.com](http://www.MarysvilleKidsDentist.com)

Date of Referral: \_\_\_\_\_

**PATIENT NAME:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

**RADIOGRAPHS AVAILABLE:** \_\_\_\_\_ Date Taken: \_\_\_\_\_

- We will send listed radiographs electronically to [MarysvilleKidsDentist@gmail.com](mailto:MarysvilleKidsDentist@gmail.com)
- Parent/Patient has been given the radiographs and will bring them to the appointment

**REASON FOR REFERRAL:**

- Consultation
- Consultation, Treatment, and Return to Referring Office
- Comprehensive care and establishing a Dental Home with Marysville Kids Dentistry

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please email or fax us this form. Thank you for your referral!**

At Marysville Kids Dentistry, it is our mission to provide the highest quality pediatric dental care for your loved ones in a child-friendly environment. We look forward to meet you!

*(We are located in the same complex as Fanny's Restaurant)*

