



(559) 314-8814

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Fresno, CA 93720

staff@AllAboutSmiles.net

Introducing: _____

Referred by Dr.: _____

Reason for Referral: _____

- Dental pain or other emergency
- Comprehensive Care
- Dental Trauma
- Nitrous Oxide

Comments: _____

Please email or mail radiographs and treatment plan if available.

AllAboutSmiles.net Thank You for Your Referral!