

## REFERRAL TO

Saul Ovalle, DDS, MS  
Kristin Bothun, DDS  
Stephen Solie, DDS  
Emily Starman, DDS

Introducing \_\_\_\_\_

Patient's Phone # \_\_\_\_\_

Referred by Dr. \_\_\_\_\_

Date of Last Ex, Pro, FL \_\_\_\_\_

Date of Last BW's/Opan/PA \_\_\_\_\_

Reason for Referral \_\_\_\_\_

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Please Email Referral Form and Digital X-Rays to:

**MANKATO OFFICE**  
mankato@kidswillsmile.com

**NEW ULM OFFICE**  
newulm@kidswillsmile.com

### APPOINTMENT

Date \_\_\_\_\_ Time \_\_\_\_\_

*(If unable to keep this appointment, please give 24 hours notice)*

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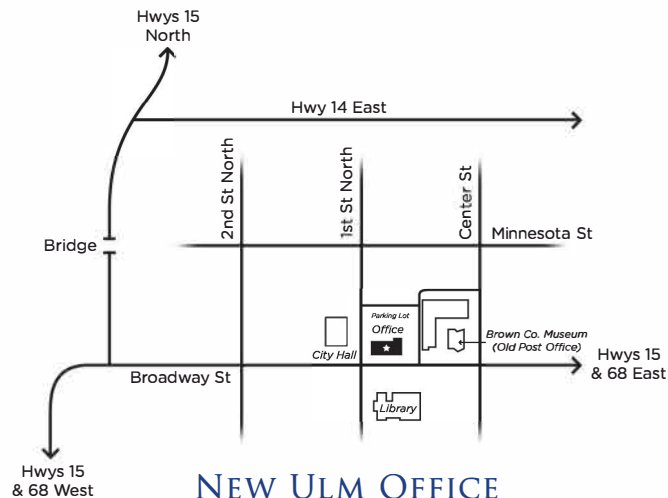
**MANKATO OFFICE**  
(507)387-4078

**NEW ULM OFFICE**  
(507)354-8943

## PEDIATRIC & ADOLESCENT DENTISTRY



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Mankato, MN 56001  
(507)387-4078



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(507)354-8943

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