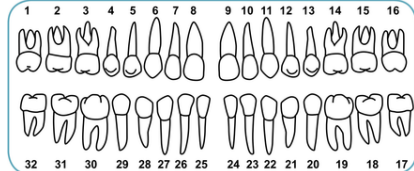
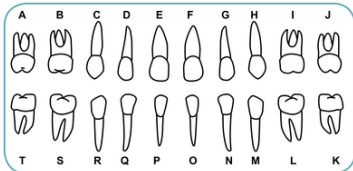




Jared Lothyan, DDS
& Associates
Sumner & Auburn, WA

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

Remarks: _____

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

Referred By:

Dentist

Office



SMILE SURFERS

KIDS DENTISTRY

Sumner Office

Phone: (253) 833-5137
16209 64th St E, Suite 102
Sumner, WA 98390

Auburn Office

Phone: (253) 833-5137
1110 Harvey Road,
Auburn, WA, 98002



Email: frontdesk@SurfandSmiles.com