Kenny S. Havard, DDS • Travis R. Hildebrand, DDS
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GtownKids.com

Healthy Smiles Start Here!

4507 Williams Drive
Georgetown, Texas 78633
P: 512-869-4100
F: 512-869-4166

REFERRAL

To refer a patient for a consultation, please complete the form below. This form may also be accessed and submitted via our website, GtownKids.com. Your patient can contact our office and set a convenient appointment time. We will keep you informed of the patient's treatment plan and progress.

Thanks so much for your referral!

REFERRAL DATE _____

REFERRING DOCTOR _____

PATIENT'S NAME _____

DATE OF BIRTH _____

PARENT'S NAME _____

BEST PHONE # _____

EMAIL _____

In order to best serve your family, we are referring you to a specialist.

☐ Pediatric Dental Referral

Special concerns for this patient _____

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_____

☐ Orthodontic Referral

Special concerns for this patient _____

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Thank you for your referral. We will request any additional information as needed. Please send this referral form to our secure, private fax: 512-869-4166.