



**Dr. Meredith Kurysh**  
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Introducing: \_\_\_\_\_

Referred by: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

**Reason For Referral:**

- Dental Examination       Dental Trauma  
 Dental Treatment       Other \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Date Of Last Exam: \_\_\_\_\_ Date of Last Prophylaxis: \_\_\_\_\_

Date Of Last X-rays: \_\_\_\_\_  Panoramic     Bitewings     Periapicals     Occlusals

Please email any current x-rays to [info@secure.sproutspediatricdentistry.com](mailto:info@secure.sproutspediatricdentistry.com)