



**DR. CYNTHIA ALEGRE, DDS**  
**BOARD CERTIFIED PEDIATRIC DENTIST**

### Patient Referral

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Patient Referred By: \_\_\_\_\_

Patient Referred For: \_\_\_\_\_

- Please assume overall care of patient
- Please treat and refer back

### Radiographs:

- None available
- Attached. Taken on \_\_\_\_\_
- Will send. Please email to [info@rentonkidsdentistry.com](mailto:info@rentonkidsdentistry.com)

### Comments:

**(425) 523-4179 Phone**  
**(425) 529-9686 Fax**

**Renton Kids Dentistry**

15301 Maple Valley Hwy, Suite 100  
Renton, WA 98058

[RentonKidsDentistry.com](http://RentonKidsDentistry.com)

Please bring this form with you to the appointment.  
Parent or legal guardian must accompany the child.

**CLEAR FORM**