LITTLE PENGUIN
PEDIATRIC DENTISTRY

Julia Peng, DDS, MS

PLEASE CALL FOR AN APPOINTMENT

(469) 777-8982

Referred by: _____ Date: _____

Referring Office/Doctor
Email and Phone #: _____

Patient Name: _____ DOB: _____

Parent/Guardian Name: _____

Phone #: _____

Reason(s) for Referral:

☐ Age ☐ Medical History ☐ Needs Sedation Dentistry ☐ Trauma

☐ Infection/Abscess ☐ Extensive decay ☐ Other _____

☐ X-rays given to patient ☐ Unable to take x-rays ☐ X-rays emailed to office

Comments: _____

_____

We accept emergency appointments!

Little Penguin Pediatric Dentistry
2200 E Prosper Trail Ste 40, Prosper • info@littlepenguindental.com
www.littlepenguindental.com