Wee Care
Pediatric Dentistry
Kelly Maixner, DMD

***** IMPORTANT *****

Please Email and/or Fax this referral along with the

most recent chart notes and radiographs.

kellymaixner@gmail.com

fax (907) 357-6878

Referring Office: _____ **Phone:** _____

Name of Physician/Dentist: _____**Date:** _____

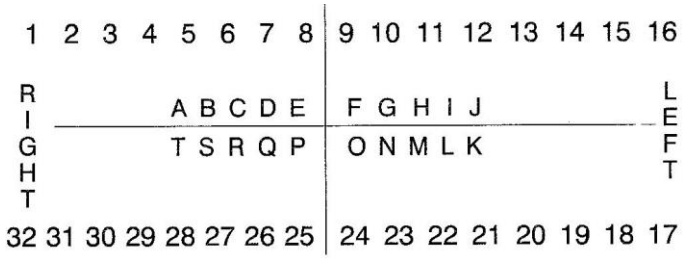
Patient: _____ **DOB:** _____

Parent/Guardian: _____

Reason for Referral (i.e. general, sedation, special needs):

_____

_____



Doctor's Signature: _____

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Wasilla, AK 99654
(907) 373-6000