



Right Choice
Dental Care

General, Cosmetic & Family Dentistry

Right Choice Dental Care – Referral Form

Thank you for sharing a smile! Please complete this form and bring it to our office at your first appointment. Savings will be applied once the referred patient starts the treatment.

Referring Patient Information

Full Name :	
Phone Number :	
Email :	
Currently in orthodontic treatment? :	<input type="checkbox"/> YES <input type="checkbox"/> NO

New Patient Information (Person You're Referring)

Full Name :	
Phone Number :	
Email :	
Preferred Appointment Date :	

Referral Rewards:

- If a new patient starts orthodontic treatment, you both receive **\$100 OFF**. If your treatment is already complete, you'll receive a **\$100 Gift Card!**
- Refer a friend or family member who comes in for regular dental treatment, you each receive **\$25 OFF** your treatment.

Note: Discounts applied after referred patient begins treatment.



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