



HARBOR kids' TEETH

BOARD CERTIFIED PEDIATRIC DENTIST

LISA A. BLOCK, DMD, MS

Referral Date: _____

Introducing: _____ Phone: _____

Parent/Guardian: _____

X-rays available: ___ yes ___ no

Referred by Doctor: _____

Please provide the following treatment/comments:

LISA A. BLOCK, DMD, MS

3519 56TH STREET NW, SUITE 140

GIG HARBOR, WA 98335

PHONE: (253) 858-8581 FAX: (253) 858-2189

WWW.HARBORKIDSTEETH.COM

EMAIL: INFO@HARBORKIDSTEETH.COM