



**Dr. Reza Arzegar**  
Board Certified Pediatric Dentist



Date: \_\_\_\_\_ Patient's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Referring Doctor's Name and Telephone: \_\_\_\_\_

Reason for referring to our pediatric dentist? \_\_\_\_\_

Reason for referring to our orthodontist? \_\_\_\_\_

**Longhorn**  
**Pediatric Dentistry & Orthodontics**

4638 West Gate Blvd, Austin, TX 78745  
Ph: 512-892-2443 | Fax: 512-892-2002  
[www.LonghornPediatricDentist.com](http://www.LonghornPediatricDentist.com)