



Dr. Stella's Funtastic Dental And Orthodontics

# Referral Rewards Form



Please use this form to submit any referrals you have for us. Using the form makes it easy for us to keep track of your referrals and assures you will get credit for the Reward Program. If you have any questions about any of this, please call as soon as possible. Thanks!

Your Name: \_\_\_\_\_ Referred Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Check One:

Yes, please contact the above referral. We have already talked to them, and they are expecting your call and the free report! Feel free to use our name when you call.

No, please do not use our name when you contact the above referral. I have mentioned your practice, but have not yet brought up your working with them.

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Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return either by Fax: (562) 627-9292, Phone: (562) 627-8800 or Mail To: **Dr. Stella Funtastic Dental**  
2700 Bellflower Blvd. #217  
Long Beach, CA 90815