



**Share a Smile  
Refer a Friend!**

**Appointment**

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**ClearCare Dental**

10 Chatham Heights Road  
Fredericksburg, VA 22405

**Call Us at** 540 785 4494



*Your referral of a friend or family member  
is the greatest compliment we can receive.*

**New Patient** (your friend's family)

Name: \_\_\_\_\_

Email: \_\_\_\_\_

**Referred By** (you)

Name: \_\_\_\_\_

Email: \_\_\_\_\_

[www.clearcaredental.com](http://www.clearcaredental.com)

[info@clearcaredental.com](mailto:info@clearcaredental.com)