

HOW DID YOU FIND OUT ABOUT OUR PRACTICE AND/OR WHO MAY WE THANK FOR
REFERRING YOU TO TEAYS PEDIATRICS?
(CHECK ALL THAT APPLY)

Are you a previous patient of our practice? Yes No

Friend(s) or Relative(s): _____ (Name of friend/relative)

Discovered the practice while driving by

Newspaper Ad

Phonebook

Website

Physician Referral: _____ (Name of Physician)

Other: (Daycare, School, Pharmacy, etc.)

Thank you for allowing us to care for your children!

Please consider referring your family and friends!