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

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Referred by Dr: \_\_\_\_\_ Dr. Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- New Patient
- Dental Hygiene Visit on: \_\_\_\_\_
- Diagnosis and treatment
- Consultation

**PLEASE CONSIDER THE FOLLOWING**

- Behavior management
- Compromised medical history
- Pulpal therapy
- Space maintainer (s)
- Extraction of abscessed teeth
- Emergency treatment/facial injuries
- Comprehensive restorative treatment/sealants
- Hypoplastic molars
- Hospitalization
- Other \_\_\_\_\_

**MOST RECENT SERVICES PERFORMED**

Dental Exam: \_\_\_\_\_

Prophy: \_\_\_\_\_

Topical FLTX: \_\_\_\_\_

Radiographs: \_\_\_\_\_

Radiographs available upon request:

Yes \_\_\_\_\_ No \_\_\_\_\_

**ATTEMPTED TREATMENT ON:**

\_\_\_\_\_