

VENETIA *Laganis* DDS,MS
PEDIATRIC DENTISTRY



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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:
