



Today's date: \_\_\_\_\_

Patient (child) name: \_\_\_\_\_ Date of birth (M/D/Y): \_\_\_\_\_

Parent name: \_\_\_\_\_

Referred by: \_\_\_\_\_

Referring phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Reason(s) for consultation:**

- Age/Behavior
- Sedation may be needed for treatment (Nitrous oxide or general anesthesia)
- Other: \_\_\_\_\_

**Radiographs and/or photos:**

- Given to patient
- Sending to PKD
- Please take

**Please circle teeth to be evaluated or treated:**

			<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>		<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>				
<b>R</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	<b>L</b>
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
			<b>T</b>	<b>S</b>	<b>R</b>	<b>Q</b>	<b>P</b>		<b>O</b>	<b>N</b>	<b>M</b>	<b>L</b>	<b>K</b>				