

JUST *for* KIDS DENTISTRY

& ORTHODONTICS



7140 N. Durango Dr., Suite 110 • Las Vegas, NV 89149 • 702 740 5437

Patient Name: _____ DOB: _____

Telephone: _____ Referring Doctor: _____

Patient Being Referred For (Select One or Both):

Pediatric Dentistry

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

Date of Last Exam: _____

Comments: _____

Thanks for your referral. Please forward any copies of records or X-rays that you feel are appropriate.

Patterson #200272744

Orthodontics

- Interceptive / Phase I
- Comprehensive Treatment
- Orthognathic Surgical Treatment
- Other _____

Areas of Concern:

- Crowding
- Spacing
- Overjet
- Overbite
- Crossbite
- Impacted Tooth
- Space Maintenance

Comments: _____

Restorative Tx:

- Complete
- In Progress
- Not Started