



PEDIATRIC DENTISTRY

introducing: _____ age: _____

referring practice: _____

name of dentist: _____ phone: _____

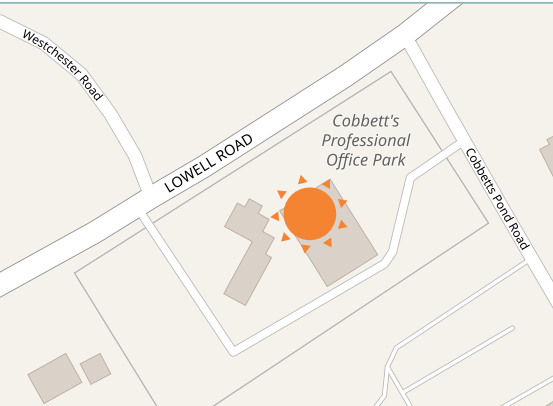
date of last exam: _____ last prophylaxis: _____

last fluoride treatment: _____ last x-rays: _____

x-rays will be delivered by: fax/courier patient

			a	b	c	d	e		f	g	h	i	j				
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
				t	s	r	q	p	o	n	m	l	k				

reason for referral: _____



WINDHAM KIDS
is located at:

31 Lowell Road, Unit 2
Windham, NH 03087
windhampediaticdentist.com
(603) 898-2263

little teeth, big smiles