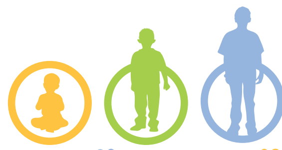


BEFORE 3 PEDIATRIC DENTISTRY

Dr. Kimberly M. Gill, Pediatric Dentist
P: **614.870.1333** F: **614.870.0333**

Date: ______________________________

Patient's Name: ______________________________

Parent's Name: ______________________________

Patient's Age: ________ ◯ Patient ◯ Parent Phone Number: ______________________

Last Visit: ______________________________

				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(s) for Referral:

◯ Preventative Care ◯ Age/Behavior ◯ Restorative Treatment ◯ Nitrous Oxide (Mild Anxiety)

◯ Orthodontics ◯ Urgent Care ◯ Space Maintenance ◯ Sedation (General Anesthesia)

◯ Other: ______________________________

____

Patient Scheduling:

◯ Emergency – PLEASE FAX FORM & CALL OUR OFFICE TO SCHEDULE

◯ Urgent (within 1-2 weeks)

◯ Next Available

Referring Doctor's Name (printed): ______________________________

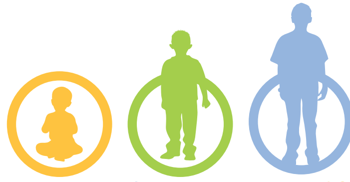
Doctor's E-mail: ______________________________

Doctor's Office Phone: ______________________________

Doctor's Signature: ______________________________

Hablamos **Español**

982 Galloway Rd., Galloway, OH 43119
P: **614.870.1333** F: **614.870.0333** www.**B3PD**.com



Before 3 Pediatric Dentistry

Dr. Kimberly M. Gill

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Galloway, OH 43119

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