

Prairie kids dental

infants to teens

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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:

			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				