



Pediatric Dentistry

Kristy Hong, DDS

2921 Lackland Road, Suite 201

Fort Worth, Tx 76116

Tel: (817) 732-2821

KreatingSmilesDentalGroup@gmail.com

Date: _____

Patient Name: _____

Referring Doctor: _____

Referring Doctor Tel. No: _____

Reason for referral: ☐ 1st Dental Visit ☐ Toothache ☐ Decay ☐ Trauma

☐ Special Health Condition ☐ Sedation/ Anesthesia

Radiographs: ☐ Not available ☐ Given to Patient ☐ Attached with Referral

Comments: _____

Please evaluate the following teeth (please circle):

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

Please fax this form to our office at (817) 763-0419 before sending this form with your patient