HAPPY TEETH
pediatric dentistry

Dr. Chris Wilson, DDS

Date_____

Patient Name_____ Age_____

Referring Doctor_____

Reason for Referral

- ☐ 1st Dental Visit
- ☐ Toothache
- ☐ Decay
- ☐ Special Needs
- ☐ Trauma
- ☐ Sedation/Anesthesia

Radiographs

- ☐ None Available
- ☐ X-rays sent with patient
- ☐ X-rays sent electronically

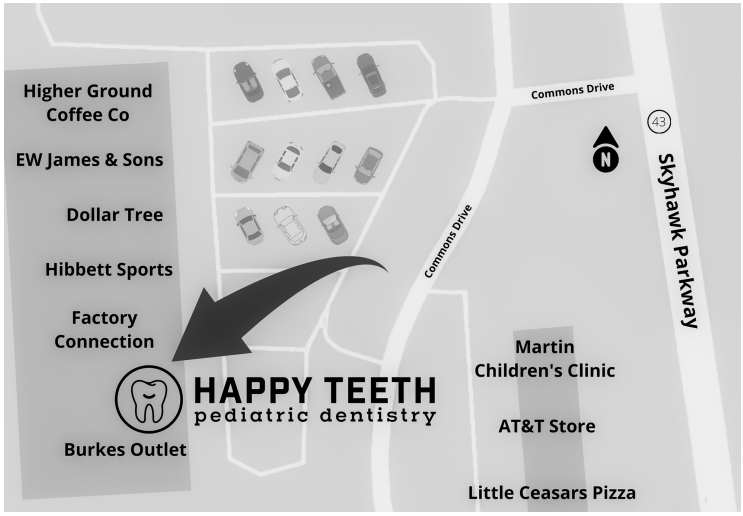
Comments_____

_____

Pease evaluate the following teeth (please circle below)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
RIGHT		A	B	C	D	E		F	G	H	I	J			LEFT
		T	S	R	Q	P		0	N	M	L	K			
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

129 Commons Drive, Martin, TN 38237



Smile@HappyTeethPD.com • 731-281-8212 • www.HappyTeethPD.com