



Phone: (702) 401-8866

9260 S Rainbow Blvd #130 Las Vegas, NV 89139

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Please evaluate for:

- Dental caries     
  Extraction     
  Trauma/Emergency

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

Comments: \_\_\_\_\_

**\*Radiographs will be sent electronically to [front@sohikids.com](mailto:front@sohikids.com)**

Referring Doctor Name: \_\_\_\_\_

Referring Doctor Office: \_\_\_\_\_

Phone Number: \_\_\_\_\_

