

Smart Mouth

Pediatric Dentistry

Sheala Lansden, DDS

Board Certified Specialist In Pediatric Dentistry

254.399.9000 

SmartMouthPediatricDentistry.com 

Today's Date _____

Patient's Name _____

Parent's Name _____

Parent's Phone Number _____

Referred by Dr. _____ Phone _____

Reason for referral:

Decay/Treatment

Trauma

Sedation/Anesthesia

Special Needs

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															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

Comments and special instructions _____

Prophylaxis completed on _____

Date of last bitewing x-ray _____

Date of last panoramic x-ray _____

Sent with patient

Will mail / email

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254.399.9001 