



SmileKids!

Pediatric Dentistry

Dr. Nadgie Ortiz

Board Certified Pediatric Dentist

Date _____

Patient Name _____ DOB: _____

Referring Doctor _____ Ref. Doctor Tel. No. _____

Parent Name _____ Parent Tel No. _____

Reason for Referral 1st Dental Visit Toothache Decay

Special needs Trauma Anesthesia

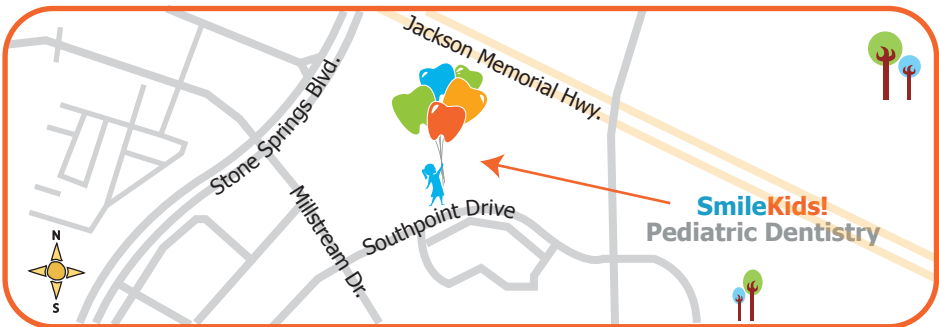
Radiographs None available X-rays taken

Please forward x-ray to: smilekidsva@gmail.com

Comments _____

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				
I																	
G																	
H				T	S	R	Q	P	O	N	M	L	K				
T																	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	



SmileKids! Pediatric Dentistry
24560 Southpoint Drive, Suite 240 • Aldie, VA 20105
www.smilekidsva.com