Kind Kids DENTAL

Dr. Kasey Hall, DMD

14210 SE Sunnyside Road Suite 100
Clackamas, OR 97015
T (503) 658-3384 F (503) 658-1817

Date _____

Referring Doctor _____ Phone _____

Patient Name _____ DOB _____

Patient Phone _____

RADIOGRAPHS

◯ Emailed ◯ Mailed ◯ Sent with patient ◯ Please take

Please email x-rays to our office at: info@kindkidsdental.com

CONCERNS

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

REASON(S) FOR REFERRAL

◯ Age ◯ Extent of treatment ◯ Apprehensive behavior
◯ Possible sedation ◯ Other _____

TREATMENT RENDERED

◯ Prophy ◯ X-rays ◯ Fluoride ◯ Restorations ◯ Nitrous ◯ None

Date _____

We are referring your child to Kind Kids Dental for comprehensive dental care. Your child's first appointment will be for a comprehensive exam and will include any necessary x-rays and cleaning if indicated. Please call to schedule and visit their website to prepare for your appointment.