CHILDREN'S DENTAL CENTER OF MADISON, S.C.

Date: _____

Introducing: _____ Date of Birth: _____

Parent/Guardian: _____ Phone: _____

Please mark services you performed:

- ❑ Prophylaxis Date: _____/_____/_____
- ❑ Fluoride
- ❑ Exam
- ❑ Sealants - Date Completed: _____/_____/_____
- ❑ Treatment was/was not attempted

If x-rays were taken:

- ❑ Bitewings
- ❑ Panorex
- ❑ Periapical
- ❑ Emailed (Note: emails listed below)

Remarks: _____

_____

_____

Referred by Dr.: _____ Phone: _____

Referred by Clinic: _____

Appointment: _____ Time: _____

Initial appointment will be for examination and consultation only.

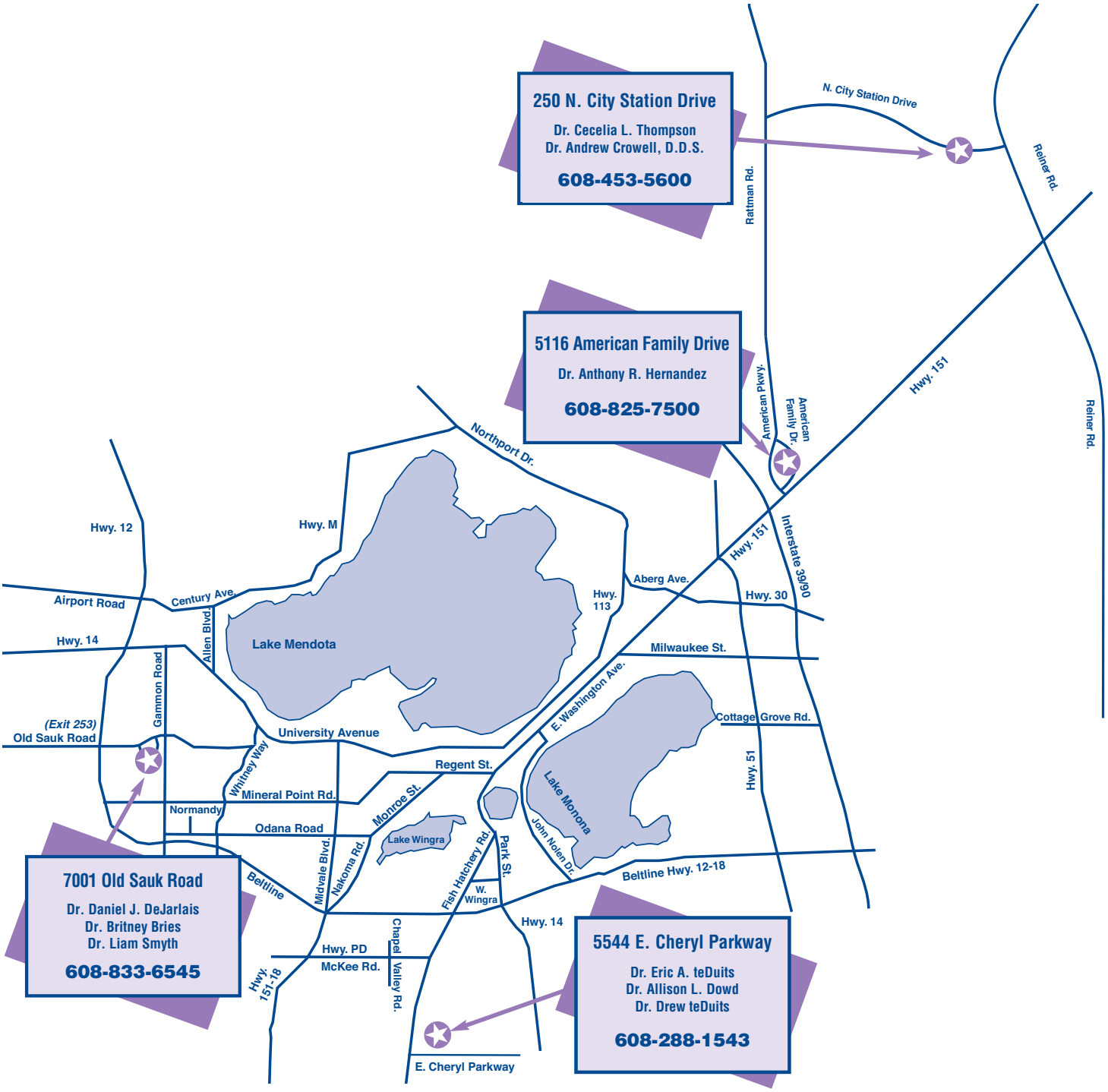
Your appointment is at the location checked below. Map of locations on backside.

Daniel J. DeJarlais, D.D.S. **Britney Bries, D.M.D.** **Liam Smyth, D.D.S.**	**Eric A. teDuits, D.D.S., M.S.** **Allison L. Dowd, D.D.S.** **Drew teDuits, D.D.S.**	**Anthony R. Hernandez, D.D.S.**	**Cecelia L. Thompson, D.D.S.** **Andrew Crowell, D.D.S.**
❑ 7001 Old Sauk Road • Suite 200 Madison, WI 53717-1010 Phone: 608-833-6545 Fax: 608-833-8516 west@madisonkidsdentist.com	❑ 5544 E. Cheryl Parkway Fitchburg, WI 53711-5312 Phone: 608-288-1543 Fax: 608-288-0626 south@madisonkidsdentist.com	❑ 5116 American Family Drive Madison, WI 53718 Phone: 608-825-7500 Fax: 608-825-0010 east@madisonkidsdentist.com	❑ 250 N. City Station Drive Sun Prairie, WI 53590 Phone: 608-453-5600 Fax: 608-318-1104 sunprairie@madisonkidsdentist.com

www.madisonkidsdentist.com

White Copy - *Patient* Yellow Copy - *CDC* Pink Copy - *Referring Dentist*

CHILDREN'S DENTAL CENTER OF MADISON, S.C.



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