Natalie A. Lenser, DDS

Pediatric Dentistry

3109 Coffee Road, Suite B
Modesto, CA 95355
(209) 571-7283 fax (209) 571-7285
www.toothfairyteam.com

Introducing _____ Age _____

Patient's Phone _____ Today's Date _____

Consultation Appointment:

Appointment Date _____ Time _____

Referred by Dr. _____ Office Phone _____

Date of last:

Exam _____ Prophylaxis _____ X-Rays _____

Please circle teeth to be evaluated:

PERMANENT DENTION

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

DECIDOUS DENTITION

RIGHT	A	B	C	D	E	F	G	H	I	J	LEFT
	T	S	R	Q	P	O	N	M	L	K	

Consultation:

- ☐ Examination
- ☐ Restorative Dentistry
- ☐ Trauma
- ☐ Other

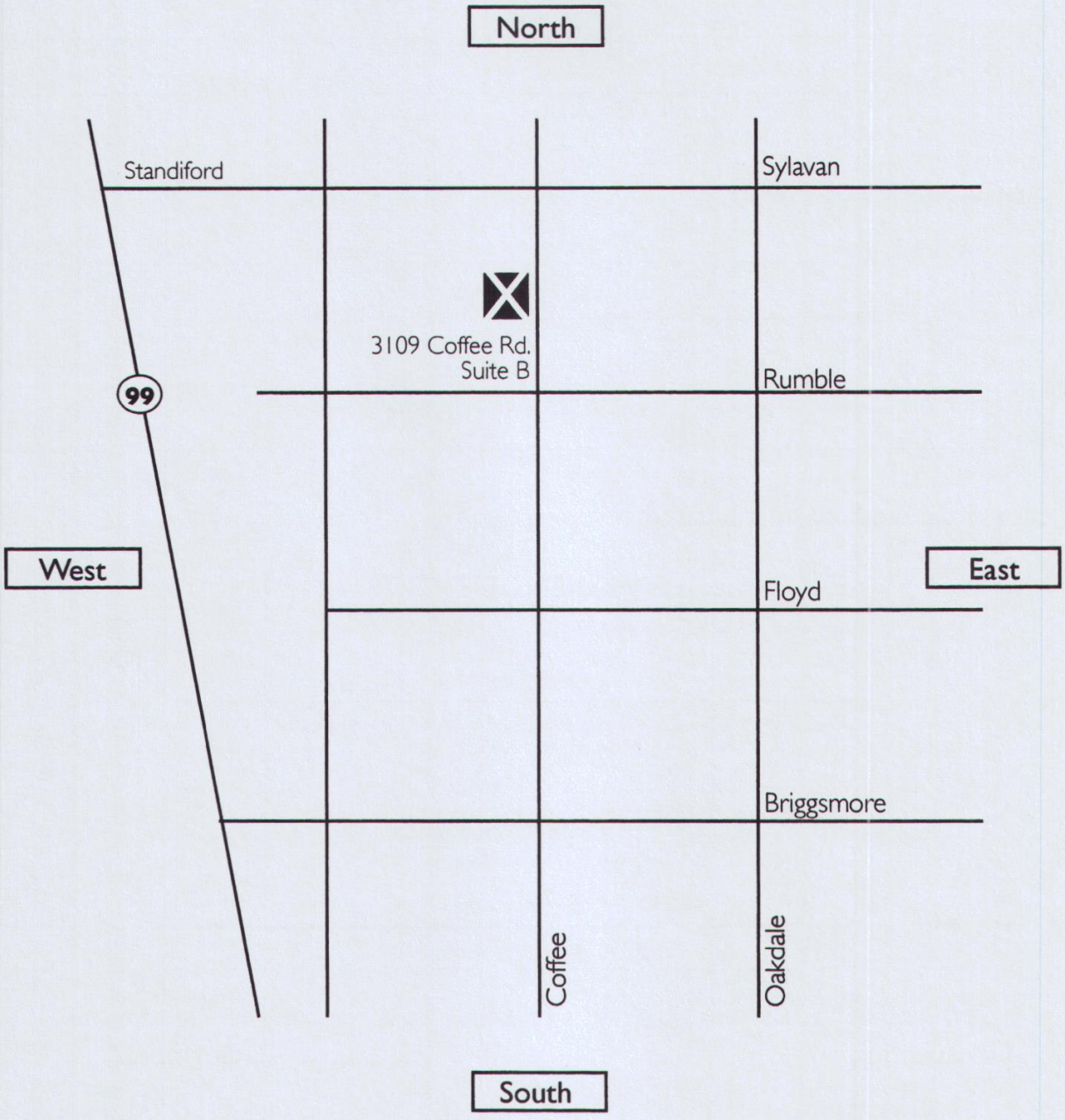
Radiographs:

- ☐ E-mailed
- ☐ Given to patient
- ☐ No Films
- ☐ Please take

Comments _____

_____

_____


North
Standiford
Sylavan
3109 Coffee Rd.
Suite B
99
Rumble
West
East
Floyd
Briggsmore
Coffee
Oakdale
South