



PEDIATRIC DENTISTRY

OF ONE LOUDOUN

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PATIENT'S NAME

AGE

REFERRING DENTIST

DATE

UPPER RIGHT

UPPER LEFT

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

A B C D E F G H I J

T S R Q P O N M L K

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

LOWER RIGHT

LOWER LEFT

Patient has been referred for the following

- | | |
|--|---|
| <input type="checkbox"/> Initial examination | <input type="checkbox"/> Prophylaxis and fluoride |
| <input type="checkbox"/> Extraction of deciduous teeth | <input type="checkbox"/> Sealants |
| <input type="checkbox"/> Fillings | <input type="checkbox"/> Space maintainer |
| <input type="checkbox"/> Radiographs | <input type="checkbox"/> Pulpotomy or root canal |
| <input type="checkbox"/> High anxiety | <input type="checkbox"/> Oral conscious sedation |

Radiographs

- Will send recent bitewings (Date taken: _____)
- Will send a recent panorex (Date taken: _____)
- Would like your office to take the necessary x-rays

Comments