



"Dentistry for Children of All Ages"

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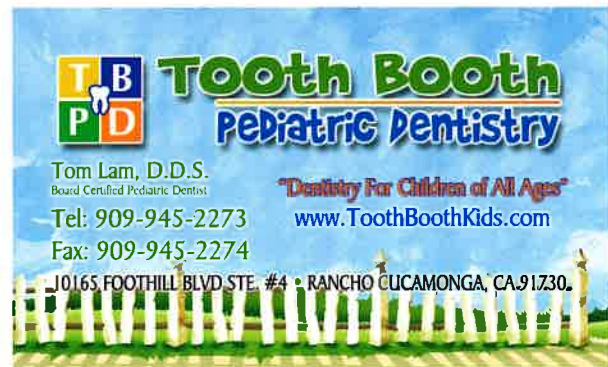
Please mark area or teeth to be treated

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

Instructions

- Please call for the first appointment.
- Please bring the appropriate referral/ insurance information with you.
- Minors should be accompanied by parent or guardian.
- Please bring x-rays or email them to ToothBooth4Kids@gmail.com.

Thank You



Introducing: _____

Referring Office Name/Phone Number: _____

Date: _____

Remarks: _____
