



Pediatric Dentists
 Brent J. Bradley, DDS*
 Kelli J. Jobman, DDS*
 Karli M. Williams, DDS*
 Stephany P. Liu, DDS

General Dentist
 Carla L. Heino, DDS

*owner

October 1, 2021

Introducing _____ DOB _____

Parent / Guardian Name _____

Phone Number _____

Xrays:

- Mailed
- Emailed to info@bhpdsd.com
- Sent with patient
- To be taken on arrival

Please choose one:

- Please complete treatment and return to our office for routine care
- Please complete treatment and routine care

Comments _____

Referring Doctor's Name _____ Phone Number _____

- Please mark if you would like a call from the Pediatric Dentist after the exam

		Please evaluate the following teeth (please circle)																
RIGHT		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
					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	