HAPPY CAMPERS
PEDIATRIC DENTISTRY & ORTHODONTICS

Dr. Robert Matthews, D.M.D.
25225 N. Lake Pleasant Pkwy
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Date _____

Patient Name _____

Age _____

Referring Doctor _____

Referring Doctor Phone _____

Reason for Referral

☐ 1st Dental Visit ☐ Toothache

☐ Decay ☐ Special Needs

☐ Trauma ☐ Sedation/Anesthesia

Radiographs ☐ None available ☐ X-rays sent with patient

Comments _____

Please evaluate the following teeth (please circle)