



General Dentistry for Youth

first tooth through age 20

Dental Referral Form

Date _____

Introducing _____ Age _____

Referred from _____

- Reason for Referral
- 1st Dental Visit
 - Toothache
 - Caries/Decay
 - Special Needs
 - Trauma

Comments _____

Please evaluate the following teeth (please circle)

	1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16		
RIGHT				A	B	C	D	E		F	G	H	I	J					LEFT
				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		

2041 Silas Creek Pkwy. | Winston-Salem, NC 27103

(336) 777-1272 | smilestartersdental.com