



## General Dentistry for Youth

first tooth through age 20

### Dental Referral Form

Introducing \_\_\_\_\_ Age \_\_\_\_\_

Patient Phone \_\_\_\_\_ Date \_\_\_\_\_

Referring Office \_\_\_\_\_ Office Phone \_\_\_\_\_

Reason for Referral:

- 1st Dental Visit
- Toothache
- Caries/Decay
- Special Needs
- Trauma
- Hospital Dentistry

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please evaluate the following teeth (please circle)

|                       |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                  |
|-----------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|------------------|
| 1                     | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16               |
| R<br>I<br>G<br>H<br>T |    |    | A  | B  | C  | D  | E  | F  | G  | H  | I  | J  |    |    | L<br>E<br>F<br>T |
|                       |    |    | 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               |

247 Biltmore Avenue | Asheville, NC 28801

(828) 350-1076 | smilestartersdental.com