WESTPORT
Pediatric Dentistry
GORDON K. LEE, D.D.S

Board Certified Specialist in Pediatric Dentistry

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Today's Date ______________________________

Patient's Name ______________________________

Parent's Name ______________________________

Parent's Phone Number ______________________________

Referred by Dr. ______________________________ Phone ________________________

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

Comments and special instructions

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Date of last bitewing x-ray ______________________

Date of last panoramic x-ray ______________________

☐ Will e-mail to info@westportkids.com (preferred)

☐ Sent with patient

☐ Please take appropriate x-rays