

tailwind

pediatric dentistry



Taylor J. Stephens, DDS

Name of Patient

D.O.B.

Reason for Consultation (Check all that apply)

Date

- Tooth Decay
- Anxiety
- Pain / Swelling
- In-office or Hospital General Anesthesia
- Sedation
- Tongue or Lip Tie
- Laser Dentistry
- Silver Diamine Fluoride Treatment
- Second Opinion
- Comprehensive Care / First Dental Visit

Radiographs

- Radiographs Enclosed
- Please Take Radiographs
- Radiographs with Patient
- Radiographs Emailed

Referred by

Comments

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