



Bryan Fletcher DDS, MSD

Board-Certified Pediatric Dentist

509-662-3621

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childrensdentistrynw.com

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Date: _____

Patient Name: _____ Age: _____

Parent Name: _____

Phone Number: _____

Referring Doctor Name and Clinic:

Reason for Referral: Decay Conscious Sedation

Special Needs General Anesthesia

Radiographs: None Available Emailed

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 I G H T	A B C D E							F G H I J							L E F 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	

