NORTHERN NEVADA
CHILDREN'S DENTAL AND ORTHODONTICS

775 446.7623 | 775 446.7624 | info@nnchildrensdental.com
www.nnchildrensdental.com | 175 Brinkby Ave Reno, NV 89509

PATIENT NAME _____ AGE _____

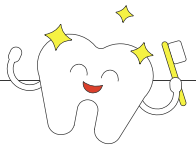
LAST EXAM DATE _____

LAST PROPHY DATE _____

LAST FLUORIDE TREATMENT DATE _____

LAST X-RAY DATE _____

X-RAY DELIVERY ☐ FAX/EMAIL ☐ PATIENT



R				a	b	c	d	e	f	g	h	i	j				L
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
R				t	s	r	q	p	o	n	m	l	k				L

WE ARE REFERRING THE PATIENT FOR THE FOLLOWING REASONS

_____

_____

_____

REFERRING PRACTICE _____

REFERRING DOCTOR'S NAME _____

PHONE NUMBER _____

THANK YOU FOR YOUR REFERRAL!