



**DR. ROBERT T. CHRISTENSEN**  
**DR. JAMIE L. MOLINA**

## *Pediatric Dental Referral*

Patient Name: \_\_\_\_\_ Patient Age: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Reason For Referral:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 1 <sup>st</sup> Dental Visit | <input type="checkbox"/> Dental Caries | <input type="checkbox"/> Trauma           |
| <input type="checkbox"/> Nitrous Oxide                | <input type="checkbox"/> Extractions   | <input type="checkbox"/> Space Maintainer |
| <input type="checkbox"/> Special Needs                | <input type="checkbox"/> Toothache     |   |
| <input type="checkbox"/> Other: _____                 |  |   |

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Radiographs - Date & Type Taken:**

- PA \_\_\_\_\_  Bitewings \_\_\_\_\_  Pan \_\_\_\_\_  None

*Please Email Digital Radiographs to: [Info@DurhamPDO.com](mailto:Info@DurhamPDO.com)*

**Please Evaluate the Following Teeth (Please Circle):**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
			A	B	C	D	E	F	G	H	I	J			
			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

**Referred by:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please visit our website for New Patient Forms & additional information.*

**DURHAM PEDIATRIC DENTISTRY & ORTHODONTICS**

121 W. Woodcroft Parkway • Durham, NC 27713

Office: (919) 489-1543 • FAX: (919) 489-2892 • [www.DurhamPDO.com](http://www.DurhamPDO.com)