

# LITTLE JAWS BIG SMILES

## PEDIATRIC DENTISTRY

**TANSY SCHOONMAKER, DDS • COSMINA NOLAN, DDS**  
**Specialists in Pediatric Dentistry**

Date \_\_\_\_\_

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

Referring Doctor \_\_\_\_\_

Referring Doctor Tel. No. \_\_\_\_\_

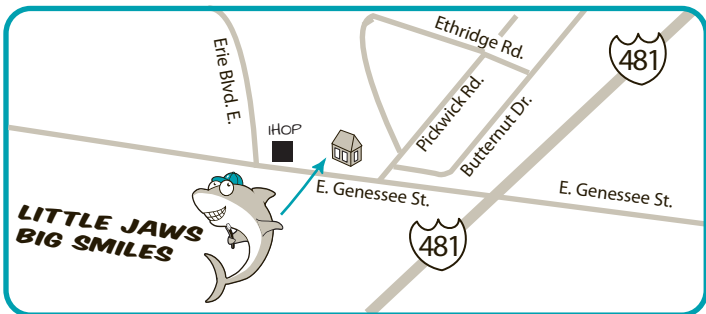
Reason for Referral:    1st Dental Visit    Toothache    Decay    Extractions  
 Special Needs    Trauma    Sedation/Anesthesia    Space Maintainer

Radiographs:    None Available    X-rays sent with patient

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		A	B	C	D	E		F	G	H	I	J			L
I															E
G		T	S	R	Q	P		O	N	M	L	K			F
H															T
T															
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17



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