

400 SW Bond St, Ste. 100  
Bend, Oregon 97702  
P: 541.389.3073  
F: 541.389.9642



DESCHUTES  
PEDIATRIC  
DENTISTRY

3818 SW 21st St., Ste. 102  
Redmond, Oregon 97756  
P: 541.699.4410  
F: 541.699.4411

Steve Christensen D.M.D. \* Stephanie Christensen D.M.D. \* Ashley Swan D.M.D

Step 1:

Introducing: \_\_\_\_\_  
Birthday: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Insurance: \_\_\_\_\_

Step 2:

Referring Office/Doctor: \_\_\_\_\_

Radiographs?  Yes, on: \_\_\_\_\_  No

Emailed to: FrontOffice@DeschutesKids.com

Yes, on: \_\_\_\_\_  No

Recent prophylaxis & fluoride treatment?

Yes, on: \_\_\_\_\_  No

Has treatment been attempted?

Yes, on: \_\_\_\_\_  No

Treatment recommendations:

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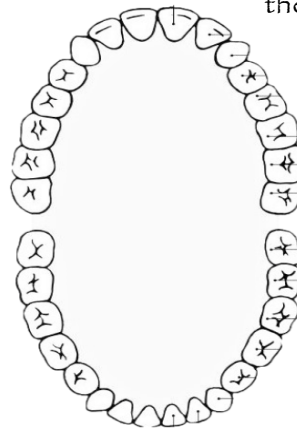
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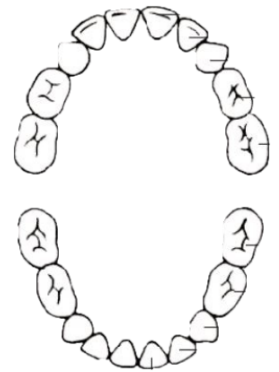
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Please circle the affected teeth and/or area of the mouth



Permanent



Primary

Step 3:

Our goal is to provide patients with treatment and education based on direction from you.

- Please continue to see this patient for recalls at Deschutes Pediatric Dentistry
- Please return this patient to our office, the referring dentist, when treatment is complete.