



DESCHUTES PEDIATRIC DENTISTRY

400 SW Bond St. #100
Bend, Oregon 97702

1357 NE Conners Ave. #210
Bend, Oregon 97701

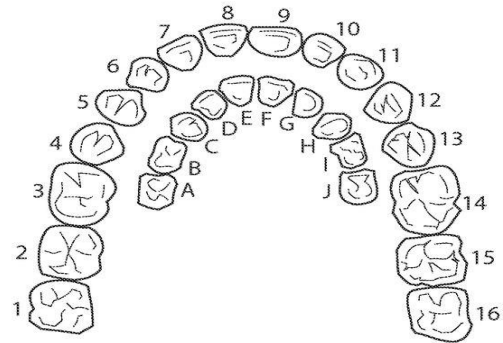
3818 SW 21st St. #102
Redmond, OR 97756

Dr. Steve Christensen * Dr. Stephanie Christensen
Dr. Ashley Swan * Dr. Stephanie Woolsey

Step 1:

Patient: _____
Date of Birth: _____
Parent Name: _____
Phone Number: _____
Insurance: _____

Please circle the affected teeth and/or area



Step 2:

Referring Office/Doctor: _____

Radiographs?

Yes, date taken: _____ No

Emailed to: FrontOffice@DeschutesKids.com

Yes, date emailed: _____ No

Recent prophylaxis?

Yes, date: _____ No

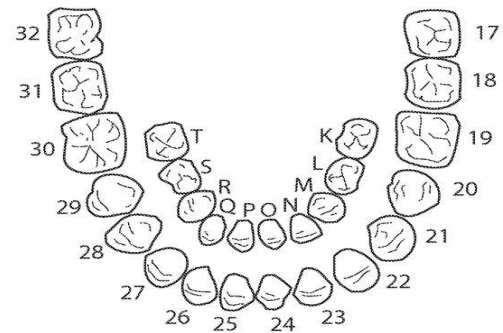
Recent fluoride treatment?

Yes, date: _____ No

Has treatment been attempted?

Yes, date: _____ No

Treatment Recommendations:



Step 3:

Our goal is to provide patients with the 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.

www.deschuteskids.com frontoffice@deschuteskids.com

P: 541.389.3073 F: 541.389.9642