



Introducing: \_\_\_\_\_ Age: \_\_\_\_\_

Please Evaluate For:

- Dental caries/cavities
- Sedation/General anesthesia
- Space maintenance concerns
- Trauma/Emergency

Radiographs:

- Parents will bring
- Will be mailed
- Please take if needed
- Will send electronically

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- We have scheduled an appointment with your office  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm
- We have requested our patient's family contact your office at their earliest convenience.

Referring Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

586.697.5272

24 mile road

Hayes road

Macomb children's dentistry

52856 Hayes Road  
Macomb, MI. 48042

[www.MacombChildrensDentistry.com](http://www.MacombChildrensDentistry.com)