



Brushketeers

Dentistry for Kids



Patient's Name: _____

Date of Birth: _____ Referral Date: _____

Emergency treatment

Early Childhood Caries (ECC)

Special needs

Age 1 oral exam

Extensive decay

Restorative needs

Extraction

Nitrous Oxide/Sedation

Anxiety

Referring Doctor: _____

Office Phone: _____

Comments: _____
