



board certified pediatric dentist

Amanda Hankins, DDS

Introducing \_\_\_\_\_ Date \_\_\_\_\_  
Referred by \_\_\_\_\_ DOB \_\_\_\_\_  
Phone number \_\_\_\_\_ Age \_\_\_\_\_

Reason For Referral:

- 1st Dental Visit
- Hospital Treatment
- Lip or Tongue Tie
- Other: \_\_\_\_\_
- Trauma
- Conscious Sedation
- Decay

Radiographs:  None Taken  Sent with patient

Significant Medical History: \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		A	B	C	D	E	F	G	H	I	J				
<hr/>															
		T	S	R	Q	P	O	N	M	L	K				
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

We look forward to taking care of your sprouts!