# smile sprouts kids dental

SmileSproutsKD.com
P (702) 706-1917 • F (702) 344-1161

**Patient Name:** _____ DOB: _____

Phone #/Email: _____

**Referring Office Name:** _____

Phone #/Email: _____

Referring Doctor: _____

Date: _____

□ First Dental Visit

□ Dental Exam / Consultation

□ Cavities / Early Childhood Caries

□ Dental Trauma

□ Sedation Dentistry

□ Special Needs Care

□ Other/See notes

✏️Notes/Area of concern:

_____

_____

## Book now!

*Thank you for trusting us with your patient!*

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