

## DONNA K. THOMAS DDS MS\* NICOLE R. HAWKINSON DDS CLAUDIA Z. LOPEZ DDS\*

\*Diplomate, American Board of Pediatric Dentistry

| Patient's Name:  |  |        |         |        |                  |         |                           |   |     | Date:      |                     |            |            |                      |   |            |      |  |
|--|--|--------|---------|--------|------------------|---------|---------------------------|---|-----|------------|---------------------|------------|------------|----------------------|---|------------|------|--|
| Patient's  | ne Ni  | ımber  | :       |        |                  |         | Date of last Prophylaxis: |   |     |            |                     |            |            |                      |   |            |      |  |
|  |  | □Con   | sultati | on     | □ Emergency Care |         |                           | □ Sedation  |     |            | □Hospital Dentistry |            |            |                      |   |            |      |  |
|  |  |        | Right   | A 🗌    | B □              | C □     | D □                       | E 🗌   | □ F | □ G        | □ H                 |            | K          | Left                 | _   |            |      |  |
|  | 2  | 2 🔲    | 3 🔲     | 4 🗆    | 5 🗆              | 6 🗆     | 7 🔲                       | 8 🗌   | 9   | □10<br>□23 | □11<br>□22          | □12<br>□21 | □13<br>□20 | □14<br>□19           | □15<br>□18  | □16<br>□17 | Left |  |
| □Wil<br>□Wil<br>□Wo  | Our Office:    Will send recent BWs   Will send a recent Pano   Would like your office to take the necessary x-rays  Comments: |        |         |        |                  |         |                           |   |     |            |                     |            |            |                      |   |            |      |  |
|  |  |        |         |        |                  |         |                           |   |     |            |                     |            |            |                      |   | <u></u> .  |      |  |
| Referring Doctor's name: D.D.S . / M.D. Phone:   |  |        |         |        |                  |         |                           |   |     |            |                     |            |            |                      |   |            |      |  |
| Your first appointment will consist of an initial examination, cleaning and radiographic evaluation unless otherwise specified.  |  |        |         |        |                  |         |                           |   |     |            |                     |            |            |                      | wise  |            |      |  |
| Please Bring to Your First Appointment  1.X-rays from the referring dentist, if given to you.  2.X-rays must be of diagnostic quality or new x-rays will be taken.  3.A list of your medications and other health information.  4.Any dental/medical insurance, including your insurance card. |  |        |         |        |                  |         |                           |   |     |            |                     |            |            |                      |   |            |      |  |
| If you need premedication, due to health problems such as a heart murmur, artificial joints, mitral valve prolapse, shunt or any other medical reasons, please call our office or your pediatrician.   |  |        |         |        |                  |         |                           |   |     |            |                     |            |            |                      |   |            |      |  |
| Pediatrio  | c De   | ntal S | peciali | sts, P | <b>A</b> has c   | offices | at:                       |   |     |            |                     |            |            |                      |   |            |      |  |
| ☐ 11401 Nall Avenue ☐ 411 Nichols Road, Ste 236 Leawood, KS 66211  |  |        |         |        |                  |         |                           | Lee's Summit, MO 64064 Kan<br>Phone: 816-524-5447 Pho |     |            |                     |            |            | ansas Ci<br>hone: 81 | 1 N. Oak Trafficway<br>sas City, MO 64155<br>ne: 816-468-5437<br>816-741-0585 |            |      |  |

www.dinokidsdds.com

(after hours emergency line available)

