



NATURAL SMILES

PEDIATRIC DENTISTRY

Kayla Rankin, DDS, MDS

Phone number: 870-424-4670 **Email:** naturalsmilesdpd@gmail.com
fax number: 870-232-5269 **address:** 2338 US-62, Mountain Home, AR 72653

PATIENT INFORMATION **AGE 13 AND UNDER**

Patient Name: _____ Birth Date: _____

Parent/Guardian name: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Referring Doctor: _____ Phone: _____

Date: _____

Referred for:

- | | | | |
|------------------------------------|--|--|--|
| <input type="radio"/> Age/behavior | <input type="radio"/> Comprehensive care | <input type="radio"/> Conscious sedation | <input type="radio"/> Growth & development |
| <input type="radio"/> Restorative | <input type="radio"/> Emergency/limited care | <input type="radio"/> Nitrous Oxide | <input type="radio"/> Other |

Comments/Treatment
Needed: _____

Last prophylaxis: _____

Last exam: _____

Last radiographs: _____

- | | |
|---|--|
| <input type="radio"/> None available | <input type="radio"/> Radiographs attached |
| <input type="radio"/> Radiographs sent with patient | <input type="radio"/> Radiographs emailed |