

# Tooth Buds

## PEDIATRIC DENTISTRY

Mital Spatz, DDS, Pharm.D *Board Certified Pediatric Dentist*

**PROVIDING KID FOCUSED, HIGH QUALITY DENTAL CARE FROM OUR FAMILY TO YOURS!**

Patient Name: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Age 1 Exam   | <input type="checkbox"/> Trauma        | <input type="checkbox"/> Toothache |
| <input type="checkbox"/> Initial Exam   | <input type="checkbox"/> Special Needs | <input type="checkbox"/> Decay     |
| <input type="checkbox"/> Anxiety: Nitrous / Conscious Sedation / General Anesthesia |  |                                    |

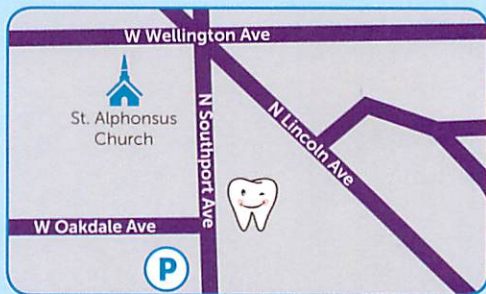
Comments: \_\_\_\_\_

Dates of last xrays: \_\_\_\_\_

Referring doctor name and practice: \_\_\_\_\_

Referring doctor's contact number: \_\_\_\_\_

Contact referring doctor prior to beginning treatment: Y N



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**ToothBudsChicago.com**

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In-network with many PPOs

