



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 Phone Number: _____

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

- Consultation _____
 Sedation _____
- Emergency Care _____
 Hospital Dentistry _____

Our Office:

- Will send recent BWs
 Will send a recent Pano
 Would like your office to take the necessary x-rays

Date of last Prophylaxis _____

Comments: _____

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.

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.

Pediatric Dental Specialists, PA has offices at:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> 11401 Nall Avenue
Leewood, KS 66211
Phone: 913-649-5437
Fax: 913-649-7337 | <input type="checkbox"/> 411 Nichols Road, Ste 236
Kansas City, MO 64112
Phone: 816-753-0202
Fax: 816-753-0253 | <input type="checkbox"/> 3351 NE Ralph Powell Road
Lee's Summit, MO 64064
Phone: 816-524-5447
Fax: 816-524-2338 | <input type="checkbox"/> 9321 N. Oak Trafficway
Kansas City, MO 64155
Phone: 816-468-5437
Fax: 816-436-6766 |
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