DONNA K. THOMAS DDS MS*
NICOLE R. HAWKINSON DDS
CLAUDIA Z. LOPEZ DDS*
ALEXANDRIA M. THOMAS DDS
*Diplomate, American Board of Pediatric Dentistry

Patient's Name:____ Date:_______________________

Patient's Phone Number: _____________________________ Date of last Prophylaxis: ______________

❏Consultation ❏ Emergency Care ❏ Sedation ❏Hospital Dentistry

Right	A ☐	B ☐	C ☐	D ☐	E ☐	☐ F	☐ G	☐ H	☐ I	☐ J	Left
	T ☐	S ☐	R ☐	Q ☐	P ☐	☐ O	☐ N	☐ M	☐ L	☐ K	

Right	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	☐ 9	☐10	☐11	☐12	☐13	☐14	☐15	☐16	Left
	32☐	31☐	30☐	29☐	28☐	27☐	26☐	25☐	☐24	☐23	☐22	☐21	☐20	☐19	☐18	☐17	

Our Office:

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

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:

11401 Nall Avenue
Leawood, KS 66211
Phone: 913-649-5437
Fax: 913-649-7337

411 Nichols Road, Ste 236
Kansas City, MO 64112
Phone: 816-753-0202 Fax: 816-753-0253

3351 NE Ralph Powell Road
Lee's Summit, MO 64064
Phone: 816-524-5447
Fax: 816-524-2338

9321 N. Oak Trafficway
Kansas City, MO 64155
Phone: 816-468-5437
Fax: 816-463-6766

www.dinokidsdds.com
(after hours emergency line available)

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