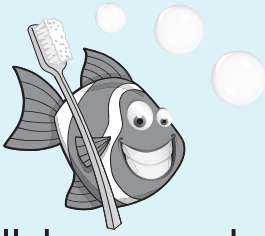


Amy Smith, D.D.S.



Hillsborough Pediatric Dentistry

Patient Name: _____

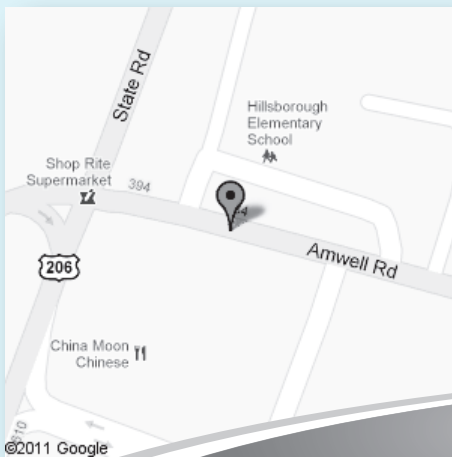
Patient Referred By: _____

Patient Referred for:

Please evaluate the following teeth (please circle)

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

Located in Amwell Commons



Doctor's Signature

Date

390 Amwell Rd. Bldg. 2, Suite 201
Hillsborough, NJ 08844

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