

James Busch, DDS

Pediatric Dentist

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 Colorado Springs, CO 80920
 Telephone (719) 260-1600 • Fax (719) 260-1640

Date: _____

Patient Name: _____ DOB: _____

Referring Doctor: _____

Referring Doctor Telephone / Email: _____

Reason for Referral: 1st Dental Visit Toothache Decay Extractions
 Special Needs Trauma Sedation / Anesthesia Space Maintainer

Radiographs: None Available X-rays sent with Patient

Comments: _____

Consultation For: Upper Lip Frenectomy Tongue Frenectomy

Other (please explain) _____

Special Instructions: _____

Please evaluate the following teeth (please circle)

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

We are located on the second floor of the Briargate Medical Campus.

