



2690 N. Galloway Ave Mesquite, TX 75150
Phone: (972) 279-1200 Fax: (972) 279-1203
www.children1stdental.com

Patient: _____
Address: _____
Telephone: _____
Medicaid #: _____
Date of Birth: _____

Referred By: _____
Address: _____
Telephone: _____

Reason Patient Referred: (check all that apply)

- Too Young to Cooperate Mental / Physical Challenge Extensive Procedures
- Combative Allergic to Local Anesthetic Acute Dental Phobia

Methods Used to Provide Conventional Dentistry

- Show - Do - Tell Nitrous Oxide Unsuccessful Other
- Papoose Board Oral Pre-Medicare

Brief Dental / Medical History:

Signature _____ DDS / MD



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