



Dentistry For Children

Maryam Sina, DDS & Associates

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www.kidstoothdrs.com

Date: _____

Introducing: _____ Age: _____

Referred by: _____ Phone: _____

Please e-mail x-rays taken at your office to info@kidstoothdrs.com

Reason for referral: _____

Special Concerns: _____

Facial

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Right			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Upper Left		
			A	B	C	D	E	F	G	H	I	J			

Lingual

			T	S	R	Q	P	O	N	M	L	K			
Lower Right			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lower Left		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Thank you for your interest in our office. We are pleased that your doctor has referred your child to our office. Our goal is to provide you with the finest pediatric dental care in a child-friendly and comfortable environment. When you call us for the first time at **702.458.6684**, please inform us about your child's medical conditions, medications, special concerns you may have and your child's dental insurance.

Please visit our website at www.kidstoothdrs.com for more information.



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