FIRST CLASS
PEDIATRIC DENTISTRY

Adesegun "Dr. T" Tewogbade, DMD

Diplomate, American Board of Pediatric Dentistry

www.firstclasspd.com

770.469.4192

3966 Annistown Road   Snellville, GA 30039

Referring Doctor: ____Telephone #: __________________________

Introducing: ______________________________________Age: ______Date: _____________________________

Areas of Concern: ____

____

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

Radiographs ☐ Please Take
☐ Unable to Take
☐ Sent with patient

TREATMENT INDICATED ☐ Extractions
☐ Fillings/Crowns
☐ Oral Sedation/IV Sedation/OR

Relevant Medical History: ____

Previous Dental Experience: ____

Remarks: ____

We look forward to seeing you and your child!