



# Ottawa Children's Dentistry

1704 Polaris Circle, Ottawa, IL 61350 • (815) 434-6447 • [www.ottawachildrendentistry.com](http://www.ottawachildrendentistry.com)

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last:

_____	Exam	_____	BWX
_____	Prophy	_____	PA
_____	Fluoride	_____	PANO

No radiographs taken       Patient to bring       Mailed

Apprehensive

Reason for referral: \_\_\_\_\_

Referred By: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

Please send all information to the address on this card, fax (815-434-2828), or email to [ottawachildrendentistry@gmail.com](mailto:ottawachildrendentistry@gmail.com)

