



# Carolina Children's Dentistry, P. A. "We make smiles"

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Introducing: \_\_\_\_\_ Age \_\_\_\_\_

Please evaluate the following:

- Operative needed
- Exam needed
- Trauma - teeth/alveolus/soft tissue
- Abscess involvement/symptomatic
- Harmful habits - thumb/fingers/pacifier/other
- Developing crowding
- Malocclusion - cross bite/overjet/overbite  
molar relationship/skeletal relationship/other
- Patient medically compromised
- Patient mentally/physically handicapped
- Difficult behavior

Further Remarks:

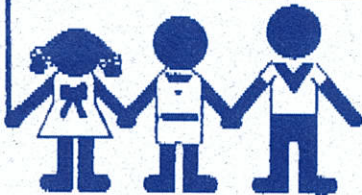
Significant Medical History?   Yes    No

X-rays (are) (are not) being forwarded

Please call me regarding patient

Referred by Dr. \_\_\_\_\_

Parents Name: \_\_\_\_\_



Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

