



mighty

Children's Dentistry

Aurelio A. Bula DMD, MS
Pediatric Dentist

5850 Coral Ridge Drive, Suite 101B
Coral Springs, FL 33076
Phone: 954.323.8788 Fax: 954.688.3414
Email: office@mightychildrensdentistry.com

DATE: _____

PATIENT'S NAME: _____ DOB: _____

AGE: _____ PATIENT'S PHONE#: _____

REFERRING DOCTOR: _____ PHONE#: _____

REASON FOR REFERRAL:

1st Dental Visit Toothache Decay Special Needs Trauma Sedation/Anesthesia

RADIOGRAPHS: None X-Rays sent with patient X-Rays sent via email

COMMENTS: _____

Please evaluate the following teeth (please circle)

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



Follow us