



Growing Smiles

OF NORTHERN VIRGINIA
PEDIATRIC DENTISTRY

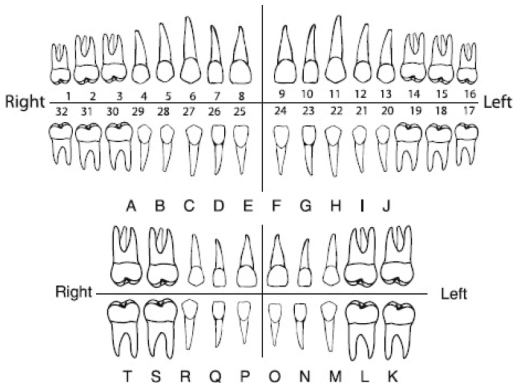
Giannina Galliani D.D.S.
Victoria Seraphim D.D.S.
Chi-Lan Pham D.D.S.

Introducing: _____ Date: _____

Patient Name & Phone Number _____

Please evaluate my patient for the following:

- Caries/Decay
- Age/Behavior
- Fractured Tooth/ Trauma
- Emergency Care
- Nitrous Oxide
- Hospital Dentistry



Remarks _____

Exam and Cleaning was performed: _____ Date: _____

X-ray:

- Taken & emailed to: info@growingsmilesofnova.com
- Taken & Enclosed
- No Radiograph Taken

Referred By: _____ Phone: _____