



# pediatric dental at Bridgeport

Ben Kang, DMD, MS, PC  
Board Certified Pediatric Dentist

## Patient Information:

Introducing \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

Phone No. \_\_\_\_\_

Referred By \_\_\_\_\_

Date \_\_\_\_\_

## Reason (s) for Referral:

- |  |   |
|--|---|
| <input type="checkbox"/> Age           | <input type="checkbox"/> Restorative Needs  |
| <input type="checkbox"/> Pain/Swelling | <input type="checkbox"/> Comprehensive Care |
| <input type="checkbox"/> Special Needs | <input type="checkbox"/> Limited Care       |

## Type & Date of x-rays Taken:

- Emailed (via website)       Will Send       With Patient

## Area(s) of concern:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
			A	B	C	D	E	F	G	H	I	J			
			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

## Comments:

7455 SW Findlay Road Tigard, OR 97224

Tel: 503-992-6189 Fax: 503-992-6193

[www.BrightLittleSmiles.com](http://www.BrightLittleSmiles.com)