toothday
family dentistry

4800 S 23rd St, Suite #11 | **McAllen** TX 78503 | (956) 683-1600
1315 W Main Ave, Suite #10 | **Alton** TX 78573 | (956) 391-1616
309 N Salinas Blvd | **Donna** TX 78537 | (956) 461-2424

Hablamos Español

Toothday.com

Please bring this form to your appointment.

Introducing _____

Appointment Date & Time _____ ❑ McAllen ❑ Alton ❑ Donna

Referring Dr. _____ **Phone** _____

Area of Concern

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

Reason for Referral

- ❑ Extraction Tooth # _____ ❑ Wisdom Teeth Removal
- ❑ Alveoloplasty Tooth # _____ ❑ Socket Preservation Tooth # _____
- ❑ Orthodontic Extractions Tooth # _____
- ❑ Root Canal Therapy Tooth # _____
- ❑ CBCT Acquisition : ❍ Single Tooth ❍ Both Arches
- ❑ Braces : ❍ Clear Aligners ❍ Brackets
- ❑ Dental Implant: ❍ Single Tooth Implant (Site _____)
  - ❍ Implant Bridge (Sites _____) ❍ Implant Retained Overdenture
- ❑ Sedation Dentistry: ❍ IV Sedation ❍ Oral Sedation
  - ❍ Difficult Anesthesia ❍ Complex Dental Needs ❍ Strong Gag Reflex
  - ❍ Fear of Needles ❍ Dental Anxiety ❍ Previous Negative Experience

Radiographs

❑ X-Rays Emailed to the Office ❑ Given to the Patient ❑ None Taken

Comments _____

_____

_____ **Date** _____

Make every day a Toothday with our expert dental care!

toothday
family dentistry

4800 S 23rd St, Suite #11 | **McAllen** TX 78503 | (956) 683-1600
1315 W Main Ave, Suite #10 | **Alton** TX 78573 | (956) 391-1616
309 N Salinas Blvd | **Donna** TX 78537 | (956) 461-2424

Hablamos Español

Toothday.com

Please bring this form to your appointment.

Introducing _____

Appointment Date & Time _____ ❑ McAllen ❑ Alton ❑ Donna

Referring Dr. _____ **Phone** _____

Area of Concern

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

Reason for Referral

- ❑ Extraction Tooth # _____
- ❑ Alveoloplasty Tooth # _____
- ❑ Orthodontic Extractions Tooth # _____
- ❑ Root Canal Therapy Tooth # _____
- ❑ CBCT Acquisition : ❍ Single Tooth ❍ Both Arches
- ❑ Braces : ❍ Clear Aligners ❍ Brackets
- ❑ Dental Implant: ❍ Single Tooth Implant (Site _____)
  - ❍ Implant Bridge (Sites _____) ❍ Implant Retained Overdenture
- ❑ Sedation Dentistry: ❍ IV Sedation ❍ Oral Sedation
  - ❍ Difficult Anesthesia ❍ Complex Dental Needs ❍ Strong Gag Reflex
  - ❍ Fear of Needles ❍ Dental Anxiety ❍ Previous Negative Experience
- ❑ Wisdom Teeth Removal
- ❑ Socket Preservation Tooth # _____

Radiographs

❑ X-Rays Emailed to the Office ❑ Given to the Patient ❑ None Taken

Comments _____

_____

_____ **Date** _____

Make every day a Toothday with our expert dental care!