

Greater Boston
Smiles

PEDIATRIC DENTISTRY

Brian F. Shaughnessy, DMD
Pediatric Dentist

Date _____

Patient Name _____ Age _____

Referring Doctor _____

Referring Doctor Tel. No. _____

- Reason for Referral** 1st Dental Visit Toothache Decay
 Special needs Trauma Sedation / Anesthesia Frenectomy

Radiographs None available X-rays sent with patient

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			A	B	C	D	E	F	G	H	I	J			L
I															E
G			T	S	R	Q	P	O	N	M	L	K			F
H															T
T															
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17



21 Totman Street, Suite 201 • Quincy, MA 02169
 (617) 472-5437 (KIDS) • Fax: (617)-472-2580
www.greaterbostonpediatricdentistry.com