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# TeethBuddies

Pediatric Dentistry

Dr. Suruchi Warwatkar

(Board Certified)

Date \_\_\_\_\_

Patient Name \_\_\_\_\_ Age \_\_\_\_\_

Referring Doctor \_\_\_\_\_

Referring Doctor Tel. No. \_\_\_\_\_

Reason for Referral  1st Dental Visit  Toothache  Decay

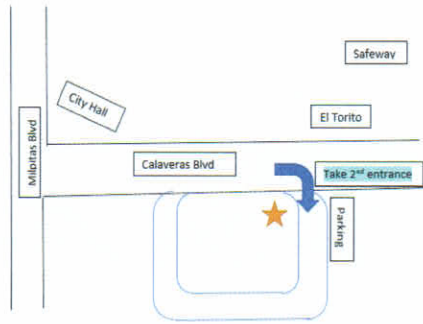
Special needs  Trauma  Sedation / Anesthesia

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 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	



*Thank you for your referral.*

*We appreciate your trust in allowing us to be a part of your patient's dental care*