



Pete N. Jimenez, DDS
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Dental Anesthesiologist
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Child's Name: _____ D.O.B.: _____

X-Rays Taken? Yes No

Periapicals, quantity # _____ BWS FMX PANO

Are you able to email X-Rays? Yes No (emerald@drjittlesmiles.com)

Child's last prophylaxis: _____ Flouride: _____

Primary concern/Comments: _____

Referring Doctor: _____

Address: _____

Office Number: _____