



Pete N. Jimenez, DDS
Michelle Shin, DDS
Pediatric Dentist
Dental Anesthesiologist
909-794-4909 Fax 909-794-4904
www.drjittlesmiles.com

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 (info@drjittlesmiles.com)

Child's last prophylaxis: _____ Fluoride: _____

Primary concern/Comments: _____

Referring Doctor: _____

Address: _____

Office Number: _____

