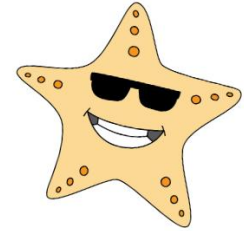




DRS. TROCHLELL & ASSOCIATES
The Fun Kid's Dentist



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Evaluate the following teeth (circle):

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

A	B	C	D	E	F	G	H	I	J
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

Patient Name: _____ Referred by: _____

Age: _____ DOB: _____ Phone: _____ X-Rays: Sent by Dr. None

Request: Trauma Caries Well Baby Check Ortho Eval

Other: _____