



KIDS DENTISTRY

Doctor Staci Whitman

Board Certified Pediatric Dentist

4548 N Albina Ave | Portland, OR 97217
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Patient Name: _____

Parent: _____

Phone: _____

Email: _____

Referred by Dr: _____

Phone: _____

Email: _____

Date of Last Prophylaxis/Exam: _____

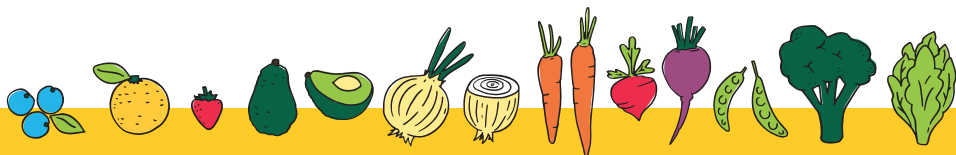
Date of Last X-Rays: _____

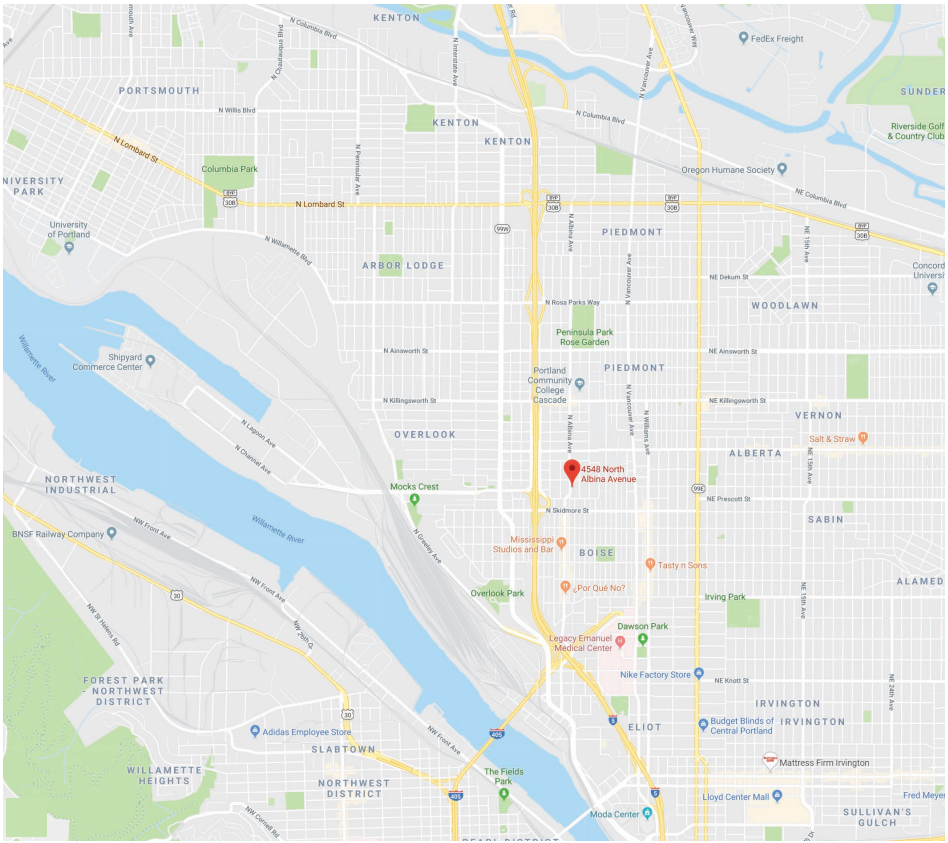
☐ X-Rays Sent with Patient

☐ X-Rays Emailed to info@nopokids.com

Reason for Referral: _____

Was any treatment completed or attempted? Additional details?





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