



# Pediatric Dental Care of Wilmington

213 Main Street, Wilmington, MA 01887 Phone 978-694-4100

**Marcy Gabrilowitz, DMD**  
Pediatric Dentist

Referring Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Last Cleaning: \_\_\_\_\_

Type and Date of Last X-Rays: \_\_\_\_\_

### REASON(S) FOR REFERRAL:

- Request for restoration
- Request for extraction
- Request for space maintenance
- Recommended nitrous oxide sedation
- Recommended general anesthesia

Please verify which tooth/teeth you would like treated and include any special instructions that you have:

		Maxillary																													
		A	B	C	D	E	F	G	H	I	J																				
Right	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16							17	18	19	20	21	22	23	24	Left
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17															
		T	S	R	Q	P	O	N	M	L	K																				
		Mandibular																													