



We specialize in treatment of all kids

Cleanings
White Fillings & Crowns
Digital Xray
Preventive Care

Emergency treatment
Fluoride
Laughing Gas
Tongue Ties/Frenectomy

Patient Referral

Patient Name: _____ DOB: _____

Parent/Guardian Name: _____ TEL# _____

Principal Concern:

Initial Evaluation___ **Oral Health Exam**___ **Oral Habit**___

Endo___ **Frenectomy**___ **Restorative**___ **Fluoride**___ **Other**___

Images: **not Available**___

Available___ *email to kulshankpd@dentalmail1.com

Remarks: _____

Referring Doctor: _____ **Phone:** _____

Clinic Name: _____

Return Patient after TX: **yes**___ **no**___

Kulshankidsdentistry.com

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