

**Introducing** \_\_\_\_\_ **Age** \_\_\_\_\_

**Please evaluate for:**

- ✦ Dental caries/cavities    ✦ Sedation/general anesthesia
- ✦ Space maintenance concerns    ✦ Trauma/emergency

**Remarks:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Radiographs**

- ✦ Parents will bring                      ✦ Will be mailed
- ✦ Please take if needed                  ✦ Will send electronically

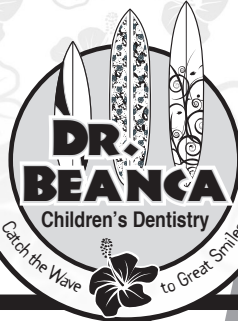
**Referring Doctor** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Appointment**

\_\_\_\_\_ Day                  \_\_\_\_\_ Date                  \_\_\_\_\_ Time

[www.byebesugarbugs.com](http://www.byebesugarbugs.com)



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