



Introducing _____ **Age** _____

Please evaluate for:

- | | |
|---|--|
| <input type="checkbox"/> Dental caries/cavities | <input type="checkbox"/> Sedation/general anesthesia |
| <input type="checkbox"/> Space maintenance concerns | <input type="checkbox"/> Trauma/emergency |

Remarks: _____

Radiographs

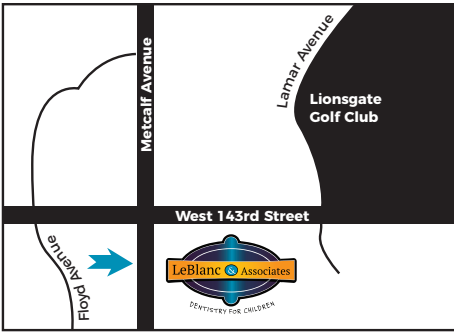
- | | |
|--|---|
| <input type="checkbox"/> Parents will bring | <input type="checkbox"/> Will be mailed |
| <input type="checkbox"/> Please take if needed | <input type="checkbox"/> Will send electronically |

Referring Doctor _____
Phone _____

Appointment

_____ Day _____ Date _____ Time _____

Four Convenient Locations (see maps on back)
www.kidsmilekc.com



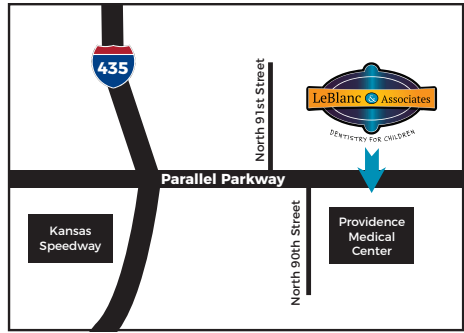
Overland Park

14420 Metcalf Ave.

Overland Park, KS 66223

913.387.3500

overlandpark@kidsmilekc.com



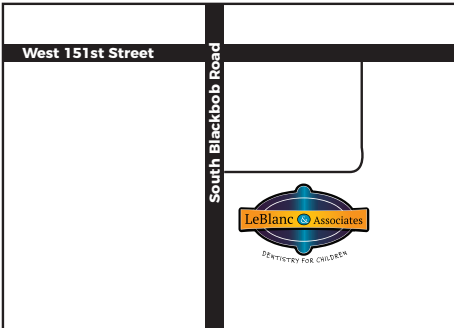
Kansas City

8919 Parallel Pkwy. Suite 460

Kansas City, KS 66112

913.299.3300

kansascity@kidsmilekc.com



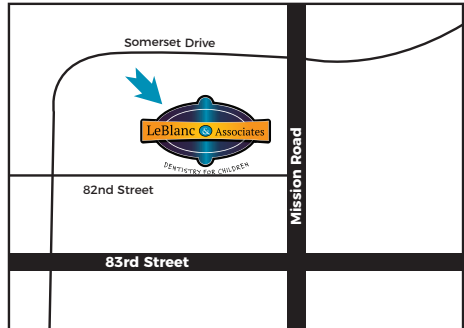
Olathe

15151 South Black Bob Rd.

Olathe, KS 66062

913.764.5600

olathe@kidsmilekc.com



Prairie Village

8226 Mission Rd.

Prairie Village, KS 66208

913.378.9610

prairievillage@kidsmilekc.com

