PONZIO DENTAL

Children 6 – 11 Years Old

Patient Name: _____

Preferred Name: _____

Age: _____

What is the date of your child's last dental visit?	
Whom may we thank for referring your child?	
Were dental x-rays taken at your child's last dental visit? If yes, please provide the name and phone number of the dental office.	
Does your child receive fluoride in drinking water, toothpaste or supplements?	
If your child is under 8 years old, are his or her teeth brushed daily by an adult?	
How often does your child have sugar containing snacks or drinks per day? (fruit snacks, candy, juice, soda or Gatorade)	
Does your child have any special health care needs?	
Additional comments or concerns:	