



# KILLINGLY Kids Dentist

## Pediatric Dentistry

Dr. Nidhi Agarwal &  
Dr. Gursimran Ahluwalia  
BDS, DMD, CAGS  
Board Certified Pediatric Dentists  
Email : info@killinglykidsdentist.com

559 Hartford Pike #C  
Dayville, CT, 06241  
Ph : 860-932-6110  
Fax : 860-932-6113

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

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

Recent X-rays ( if any ) \_\_\_\_\_

Reason for referral :

- 1st Dental visit       Toothache       Special Needs
- Nitrous Oxide       Sedation/General Anesthesia

**Please evaluate the following teeth (please circle)**

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

Comments : \_\_\_\_\_

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