

**SAMIRA ALEMPOUR, DMD**

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

Date: \_\_\_\_\_

This is to introduce you to my patient: \_\_\_\_\_

For:

CONSULTATION   
  RESTORATIVE TREATMENT   
  EXTRACTION(S)  
 SEDATION   
  OTHER \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

X-rays:

Emailed to(info@westonkidsdentistry.com)  
 Sent with Parent/Guardian   
  Need to be taken

Referring Doctor: \_\_\_\_\_ Dr. Contact # \_\_\_\_\_

Tooth/Teeth to be treated (x) below:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
			A	B	C	D	E	F	G	H	I	J			
			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

