



**Pediatric Dentistry of Loveland**  
**Louis R. Gerken, D.D.S.**  
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 2800 Madison Square Dr., Suite 1  
 Loveland, CO 80538  
 970-669-7711  
 Fax: 970-669-2491  
 info@tropicalteeth.com

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

Introducing: \_\_\_\_\_  
Patient

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred by Dr.: \_\_\_\_\_

Proply and fluoride treatment completed?  Yes  No Date: \_\_\_\_\_

X-Rays enclosed?  Yes  No

Reason for Referral:  Consultation  Treatment  Possible Sedation Dentistry

Teeth for evaluation:	Right	1	2	3	A	B	C	D	E	F	G	H	I	J	13	14	15	16	Left	<input type="checkbox"/> Please evaluate all teeth
		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17			
					T	S	R	Q	P	O	N	M	L	K						

Behavior at prior appointments: \_\_\_\_\_

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

Please call me before proceeding with treatment  Yes  No Phone: \_\_\_\_\_

Follow-up: Is patient to be followed for recalls by Pediatric Dentistry of Loveland?  Yes  No



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