



DAVID L. GOLDSTEIN, D.M.D.
Pediatric Dentistry



Introducing: _____

Evaluate indicated teeth:

		E	D	C	B	A	A	B	C	D	E					
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
			E	D	C	B	A	A	B	C	D	E				

L

DATE OF LAST RADIOGRAPHS _____

- WILL BE SENT TO YOUR OFFICE
- PLEASE UPDATE RADIOGRAPHS

Remarks _____

Appointment Date _____ Time _____

Referred By _____

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Diplomate of the American Academy of Pediatric Dentistry