



Lilac Kids Pediatric Dentistry

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www.lilackidsdental.com

Jennifer Creem, DMD, MS

Lindsay Decker, DMD

Brittney Ward, DDS

Pediatric Dentist

Pediatric Dentist

General Dentist

Patient Name: _____ Date of Birth: _____

Parent/Guardian: _____ Telephone #: _____

Address: _____

Date of Last Visit: _____ Date of Last X-rays: _____

Last Visit: Exam Prophylaxis Restoration

X-rays Taken: Occlusal BWX Pano Other

X-rays Enclosed: Yes No

In Pain? Yes No

Behavior: Cooperative Apprehensive Very Apprehensive

Reason for Referral: _____

Referring Dentist: _____

Name of Practice: _____

Phone: _____ Date: _____

Please call for a consultation appointment.