



Stephanie Litz DDS, MSD, PC
Board Certified Pediatric Dentist

317/831-KIDZ (5439)

Today's Date ___/___/___

Patient Name _____

Referring Dentist _____

Reason for Referral:

- Decay/ECC Trauma Spirited Behavior
 Sedation/Gen Anesthesia Special Needs

Radiographs: None BWX Panorex
 Sent via Email - (Smile@LitzKidzDental.com)

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

Please circle areas of decay.

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