



# Dentistry for Kids

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Pediatric Dentistry & Orthodontics for Infants, Children, & Teenagers

## Recall Update

Today's Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Who is accompanying the patient today (Name & Relationship)?

\_\_\_\_\_

List any Medical Conditions/Surgeries/Special Needs:

\_\_\_\_\_

Medications:

\_\_\_\_\_

Allergies:

\_\_\_\_\_

For today's visit, do you consent to the following:

Fluoride Treatment:  Yes  No

X-Rays(if needed):  Yes  No

Is your child currently taking a Fluoride Multivitamin?  Yes  No

Have there been any changes to your insurance since your last visit?  Yes  No

Please list any concerns that you would like us to address at today's visit:

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_