



## PATIENT REFERRAL

# for kids only ABC Dentistry

**Dr. Tanek L. Jenkins, DDS**

*Pediatric Dentist*

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Introducing: \_\_\_\_\_  
(Name of Patient)

FACIAL															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
UPPER RIGHT													UPPER LEFT		
			A	B	C	D	E	F	G	H	I	J			
LINGUAL															
			T	S	R	Q	P	O	N	M	L	K			
LOWER RIGHT													LOWER LEFT		
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
FACIAL															

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

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