

NICHOLAS CHING, D.D.S., INC.



CHILDREN'S DENTISTRY

7001 Stockton Avenue, Suite 3, El Cerrito, CA 94530

Phone : 510 524 4633 · Fax : 510 524 4678

www.kidsteethdoctor.com · kidsteethdoctor@gmail.com

DATE

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INTRODUCING

PATIENT'S NAME

PARENT'S NAME

PATIENT'S PHONE NUMBER

COMMENTS

☐ CONSCIOUS SEDATION

☐ GENERAL ANESTHESIA

REFERRED FROM THE OFFICE OF :

☐ PLEASE CALL REFERRING DOCTOR AT

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