



Previous Treatment Information

Today's Date:

Patient name:

Date of last exam:

Date of last prophylaxis (teeth cleaning):

Date of last Bitewing x-rays:

Date of last full mouth x-rays:

Date of last panoramic x-ray:

Date of last fluoride (for children):

Email current x-rays and completed form to:
receptionist@elkriverfamilydentistry.com

Or fax to:
763-269-8692