



Caring for your kids the way we care for our own!

Dr. Jeff McComb DDS • Dr. Candy McComb DDS

Date: _____

Patient Name: _____ Age: _____

Patient Tel. No. : _____

Insurance Provider: _____

Referring Doctor: _____

Referring Doctor Tel. No. : _____

Reason for Referral 1st Dental Visit Toothache

Special Needs Trauma

Radiographs None available X-rays sent with patient

Comments: _____

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

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