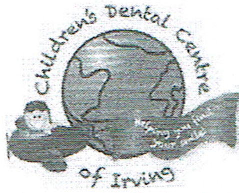

Dr. Reena Kuba, DDS, MS
8870 N. MacArthur Blvd. #A-101 Irving, TX 75063
Email: info@irvingchildrensdental.com
P: 214-484-3199 F: 214-484-3218

Today's Date: ______________________________

Patient's Name: ______________________________

Date of Birth: ______________________________

Parent's Name: ______________________________

Phone Number: ______________________________

Parents Prefer (Please circle one): English Spanish

Name of Referring Doctor: ______________________________

Phone Number: ______________________________

Does patient have (Please circle one): Medicaid CHIP Insurance

Medicaid#____________________ CHIP#____________________

X-Rays Taken?(Please circle one) YES NO

If yes, which x-rays were taken?(Please circle one) PAs BWs Pano

X-Rays will be(Please circle one) Emailed to Our Office Sent With Patient

Prophylaxis Completed? YES (Date :________________) NO

Treatment Needed:

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Thanks for the privilege of working with your patients!