



# BOTHELL PEDIATRIC DENTISTRY

SPECIALISTS IN INFANTS, CHILDREN & ADOLESCENTS

**Yoo-Lee Yea, DDS, MS, MPH**

**Kevin McCoy, DDS, MS**

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent's Name \_\_\_\_\_

Phone \_\_\_\_\_

Referring Doctor \_\_\_\_\_

Reason for Referral \_\_\_\_\_

- New Patient Exam
- Restorative Care
- Consultation/Second Option
- Extraction(s) (Please mark on Chart)

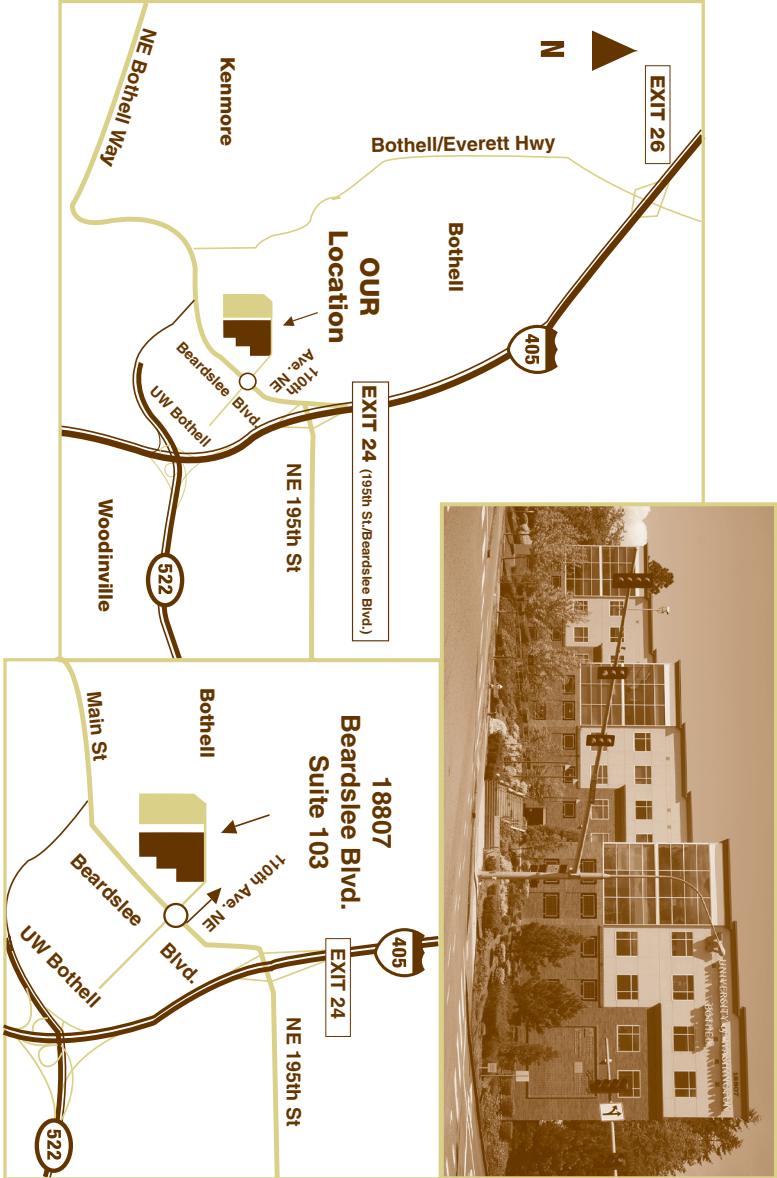
Please List Images Taken \_\_\_\_\_





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18807 Beardslee Blvd. Suite #103 ■ Bothell, WA 98011 ■ 425.486.6300 ■ Fax 425.487.6498  
[www.bothellpediatricdentistry.com](http://www.bothellpediatricdentistry.com) [info@bothellpediatricdentistry.com](mailto:info@bothellpediatricdentistry.com)