



MapleTree

Pediatric Dentistry

Claire Mielke, DDS | Board Certified
Michele Olson, DDS | Pediatric Dentists

Thank you for your referral!

Introducing: _____

Date: _____

DOB: _____

Please evaluate the following:

- ☐ Exam needed. Date of last xrays, exam, cleaning, etc:
- ☐ Operative needed
- ☐ Trauma-permanent or primary teeth/ alveolus/soft tissue
- ☐ Abscess involvement/symptomatic or draining fistula
- ☐ Oral - digit habits-thumb/fingers/pacifier/other
- ☐ Developing crowding
- ☐ Ectopic eruption of 6 year old molars and/or canines
- ☐ Malocclusion - primary, mixed or permanent dentition crossbites with nonfunctional or functional slide
- ☐ Malocclusion - primary, mixed or permanent dentition - overjet/overbite/molar relationship/skeletal relationship/other
- ☐ Special needs patient
- ☐ Behavior management (may need General Anesthesia)

Further Remarks:

Referred by Dr. _____ Phone _____

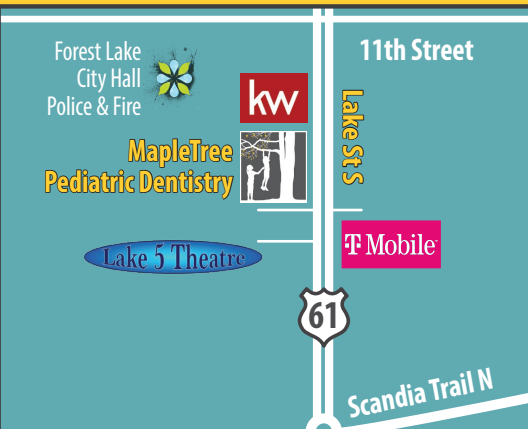
MapleTreePediatricDentistry.com

651.779.9002 f 651.779.9802
1915 County Road D East, Maplewood, Minnesota 55109
Maplewood@MapleTreeKids.com

651.779.9004 f 651.779.9003
1420 Lake Street South, Suite 150, Forest Lake, MN 55025
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We provide gentle encouragement in a fun, child-friendly atmosphere.



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