

Ariel Clinical Services

2938 North Avenue Suite G
Grand Junction CO 81504
Phone: 970.245.1616
Fax: 970.241.8722

4660 Wadsworth Blvd.
Wheat Ridge CO 80033
Phone: 303.703.9351
Fax: 303.703.4500

540 Main Street, Suite 112
Delta, CO. 81416

1520 North Union Blvd., Suite 100
Colorado Springs CO 80909
Phone: 719.260.6110
Fax: 719.260.6170

DENTAL EVALUATION

Date of Appointment: _____ State ID: _____

Name of Treating Dental Professional: _____

Address: _____ Phone: _____

Name of Child: _____ Date of Birth: _____

Procedure / Treatment
<input type="checkbox"/> Cleaning/Exam <input type="checkbox"/> Filling <input type="checkbox"/> X Rays
<input type="checkbox"/> Other _____

Follow up/referrals: _____

Results/Comments/Diagnosis: _____

Prescribed medications: _____

Next Scheduled Appointment: _____

Dentist Signature

Date