



Jill Shonka, DDS  
Macaira Leahy, DDS  
Marcy Carpenter, DDS  
1576 Main St. Windsor, CO 80550  
**Tel:** 970-674-3247 **Fax:** 970-460-0865  
[www.windsorpediatricdentistry.com](http://www.windsorpediatricdentistry.com)

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Phone: \_\_\_\_\_

Requested consultation/treatment:

- ☐ Consultation Only
- ☐ Consultation and Limited Treatment
- ☐ Return to Referring Dentist
- ☐ Comprehensive Care

Instructions:

- ☐ Behavior/Age
- ☐ Special Needs
- ☐ Caries
- ☐ Treatment Under Sedation or General Anesthesia

Specific Instructions: \_\_\_\_\_

Were radiographs made? (Please circle): Yes No

Please send radiographs via email to **[wpdentistry@mail.com](mailto:wpdentistry@mail.com)**

Referring Dentist: \_\_\_\_\_

Office phone number: \_\_\_\_\_

Office Email: \_\_\_\_\_