

**Santiago A. Surillo, DDS, MS and Associates**  
*Orthodontist and Pediatric Dentist*

### Pediatric Dentistry

- ☐ Evaluate all Dentition/Possible Caries
- ☐ Dental Abscess/Infection Present
- ☐ Child-patient Uncooperative for Treatment
- ☐ Extract and/or Treat Marked Teeth
- ☐ Oral-Hygiene Management
- ☐ Digit/Pacifier Habits
- ☐ Nursing/Bottle Decay

### Orthodontics

- ☐ Evaluate Impacted Teeth
- ☐ Evaluate Dento-facial growth
- ☐ Dental-Arch Space Management
- ☐ Evaluate for Orthodontic Treatment
- ☐ Evaluate for Orthodontic/Orthognathic treatment
- ☐ Dento-facial Asymmetry Noted
- ☐ Other: \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K

Patient's Full Name \_\_\_\_\_

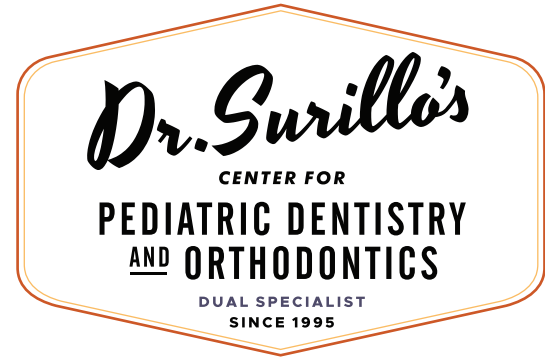
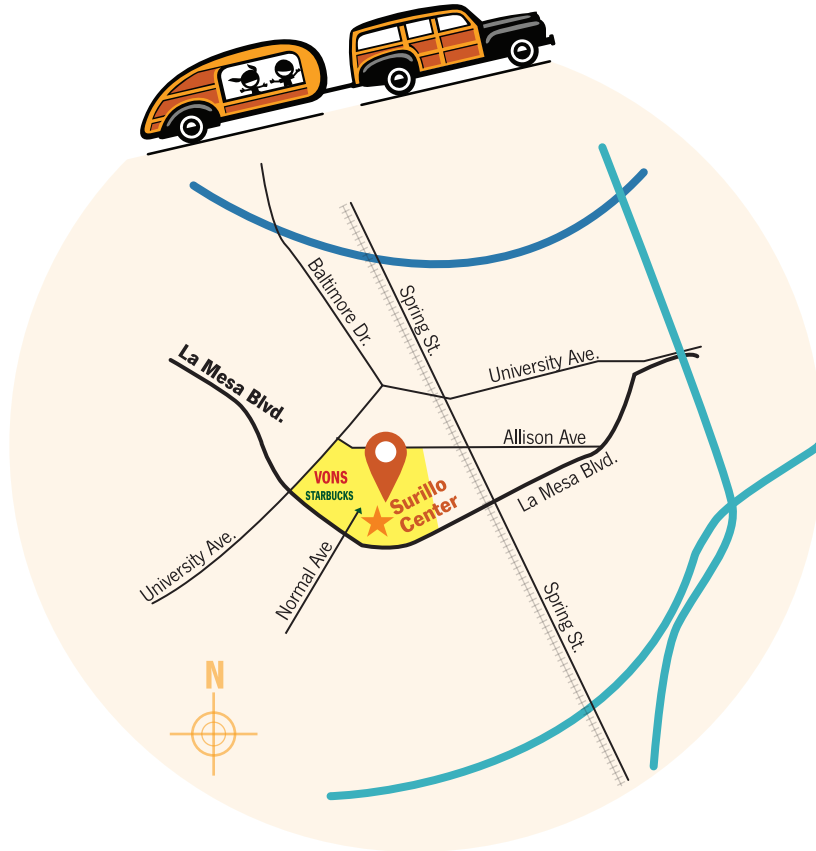
Referring Doctor \_\_\_\_\_

Phone: \_\_\_\_\_

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

\_\_\_\_\_  
 Doctor's Signature

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Website: [www.sandiegokidsdentist.com](http://www.sandiegokidsdentist.com)

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

Appointment Time: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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