



# Children's Dental Columbia

James L. Hutton III, D.D.S.  
Heather H. Owens, D.D.S.  
Gina M. Hanafi, D.M.D.

Patient Name \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Patient Insurance  TNCARE  Other \_\_\_\_\_

**Reason for referral: Please check all that apply**

- 1st Visit     Age/Behavior     Trauma/Emergency/Toothache     Restorative Only
- Extractions     Oral Sedation     Hospital Case     IV Sedation     Special Needs

The Referring Dr. performed

X-rays that you are sending

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

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

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

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

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

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

	1	2	3	4	5	6	7	8	9		10	11	12	13	14	15	16
<b>R</b>	A B C D E									F G H I J							<b>L</b>
	T S R Q P									O N M L K							
	32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17

Notes: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Doctor requests phone consultation

6000 Trotwood Ave  
Columbia, TN 38401  
Phone: 931-381-9721  
Fax: 931-381-3507

Office Hours:  
Monday-Thursday  
8-5pm (Lunch 12-1pm)  
Friday 8-12pm

Email: [info@ChildrensDentalColumbia.com](mailto:info@ChildrensDentalColumbia.com)



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