



**Dr. Jocelyn Y. Lee, DDS, MSD**  
Board Certified Pediatric Dentist  
**Dr. Leland P. Grant, DDS**

4138 Dyer Street, Ste #4, Union City, CA 94587  
T: (510) 489-8808 F: (510) 489-7660  
<http://www.littlekoaladental.com>  
[smiles@secure.littlekoaladental.com](mailto:smiles@secure.littlekoaladental.com)

Introducing: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

Service Need:  First Exam                       Routine Exam                      X-Rays Taken?  Yes  
 Restorative Care                       Emergency Care                       No

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
			A	B	C	D	E	F	G	H	I	J			
			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

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

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