



Address: 100 Brandon Road, Suite W in Starkville, MS

Phone: (662) 323-9726 Fax: (662) 323-9727

Referring Doctor: _____

Office Phone: _____

Patient Name: _____

DOB: _____ Age: _____ Gender: _____

Insurance Coverage: _____

Insurance ID: _____

Guardian Name: _____

Phone: _____

Guardian Email: _____

Address: _____

Disabilities & Medical Conditions: _____

Date of exam in your office: _____

Was the patient cooperative? Y N

What type of exam did your office perform? Thorough or Partial

If prophylaxis and/or fluoride tx were performed, please list date of service: _____

Cooperative? Y N

Were radiographs taken? Y N If yes, please list date and type: _____

Circle noted carious areas: URPost ULPost LLPost LRPost UAnt LAnt

Was dental treatment attempted in your office? Y N Is the patient in pain? Y N Is there infection? Y N

Please list any prescribed medications: _____

Additional notes: _____

Please send digital copies of radiographs to office@huxlock.com. Thank you!