



# PETOSKEY PEDIATRIC DENTISTRY

JANE STIEBER, DDS, MSD, MPH

CERTIFIED, AMERICAN BOARD OF PEDIATRIC DENTISTRY

phone (231) 347-1830 • fax (231) 347-1836

1605 S. US 131 Highway • Petoskey, Michigan 49770

www.petoskeypediatricdentistry.com • info@petoskeypediatricdentistry.com

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

Introducing: \_\_\_\_\_ Age: \_\_\_\_\_

Referred By: \_\_\_\_\_

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

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## PLEASE NOTE

An initial visit to Petoskey Pediatric Dentistry will involve a clinical exam, a radiographic exam if indicated, and preventive care if desired.

**An initial visit to Petoskey Pediatric Dentistry *will not* involve any treatment.**

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