



KANGAROO SMILES

PEDIATRIC DENTISTRY+ORTHODONTICS

DATE: _____

PATIENT: _____

REFERRED BY: _____

PATIENT REFERRED FOR: _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
								RIGHT							
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
								LEFT							



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**Early Morning, Late Afternoon, and
Saturday Appointments Available**

Most Insurances Accepted

Adjacent to Lowell General Hospital

(map on reverse)

Free Parking