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We Are Located At:

1400 Kanawha Boulevard  
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Patient Name: \_\_\_\_\_ Patient Age: \_\_\_\_\_

Referred by Dr. \_\_\_\_\_ Your Practice Telephone Number: \_\_\_\_\_

Patient Telephone Number: \_\_\_\_\_ Patient's Insurance: \_\_\_\_\_

Appointment Scheduled with Children's Dentistry: \_\_\_\_\_

Comments On Treatment Needs: \_\_\_\_\_

Previous Treatment and Dates: Last Prophy \_\_\_\_\_ Bitewings \_\_\_\_\_ PA's \_\_\_\_\_  
and Pano \_\_\_\_\_

If for any reason you cannot keep your appointment please call.  
Please visit our website to fill out Patient Information before your appointment.

[www.childrensdentistry-wv.com](http://www.childrensdentistry-wv.com)

