

## **Dental general anesthesia appointment form.**

*1. Name Surname*

*2. Child's age and weight*

*3. What's troubling you?*

*4. Preferred treatment date*

*5. Would you like to get a help with transfer and accommodation?*

*6. Contact information: e-mail address, phone number*

*7. Any additional information or questions*

*Please send the e-mail with attached form, few photos of upper and lower jaws, and x-rays (if you have them) to: [zobufeja@gmail.com](mailto:zobufeja@gmail.com).*

*Thank you in advance!*

*Our representative will contact you a soon as possible.*