



PDG

Pediatric Dentistry
& Orthodontics

Certified Specialists in Pediatric Dentistry

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Certified Specialists in Orthodontics

Donal C. Flanagan, DDS, MS, FRCDC

Christian A. Wong, DDS, MS, FRCDC

Todd R. Moore, DDS, Msc, FRCDC

PATIENT INFORMATION

Name: _____ DOB (m/d/y): _____

Address: _____ Phone: _____

Guardian's name: _____ Email: _____

REFERRING DOCTOR INFORMATION

Referring Doctor: _____ Practice Name: _____

Office Address: _____ Office Phone: _____

Email: _____

REFERRING TO PEDIATRIC DENTISTRY

- | | | |
|---|--|--|
| <input type="radio"/> Pain | <input type="radio"/> X-rays Panographic | <input type="radio"/> General Anaesthetic |
| <input type="radio"/> Anxiety | <input type="radio"/> X-rays Bitewings | <input type="radio"/> Restorative Work Required |
| <input type="radio"/> Medical Concerns | <input type="radio"/> X-rays Periapicals | <input type="radio"/> Previous Negative Experience |
| <input type="radio"/> Specific Problem Only | <input type="radio"/> Other: _____ | |

REFERRING TO ORTHODONTICS

- | | | | |
|---------------------------------|---------------------------------|-------------------------------------|---|
| <input type="radio"/> Crowding | <input type="radio"/> Spacing | <input type="radio"/> Missing Teeth | <input type="radio"/> Facial |
| <input type="radio"/> Overjet | <input type="radio"/> Overbite | <input type="radio"/> Extra Teeth | <input type="radio"/> Symmetry |
| <input type="radio"/> Class II | <input type="radio"/> Openbite | <input type="radio"/> Habit | <input type="radio"/> Eruption Problems |
| <input type="radio"/> Class III | <input type="radio"/> Crossbite | <input type="radio"/> Other: _____ | |

NOTES: _____

PLEASE FORWARD RADIOGRAPH PRIOR TO APPOINTMENT

- X-rays included Please call me
 X-rays emailed Please call patient

DATE: _____
(mm/dd/yyyy)

Preferred location:

Vancouver
#200 - 650 West 41st Ave.
Vancouver, BC V5Z 2M9

Richmond
#230 - 6180 Blundell Rd.
Richmond, BC V7C 4W7

Delta/Surrey
#107 - 6345 120th St.
Delta, BC V4E 2A6

Coquitlam
#101 - 2973 Glen Dr.
Coquitlam, BC V3B 2P7

Thank you for your referral.

*You can also refer patients to us through our website: www.pdgdental.com/refer-a-patient
We appreciate your trust in allowing us to be part of your patient's dental care!*

604-734-1000 / www.PDGdental.com / contactus@pdgdental.com