PDG
Pediatric Dentistry
& Orthodontics

Certified Specialists in Pediatric Dentistry

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Shannon A. Munsie, DDS, MSD, Cert. Peds, FRCDC

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 ☐

- ○ Pain
- ○ Anxiety
- ○ Medical Concerns
- ○ Specific Problem Only
- ○ X-rays Panographic
- ○ X-rays Bitewings
- ○ X-rays Periapicals
- ○ Other: ______________________
- ○ General Anaesthetic
- ○ Restorative Work Required
- ○ Previous Negative Experience

REFERRING TO ORTHODONTICS ☐

- ○ Crowding
- ○ Overjet
- ○ Class II
- ○ Class III
- ○ Spacing
- ○ Overbite
- ○ Openbite
- ○ Crossbite
- ○ Missing Teeth
- ○ Extra Teeth
- ○ Habit
- ○ Other: ______________________
- ○ Facial
- ○ Symmetry
- ○ Eruption Problems

NOTES:______________________

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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**	○ **Richmond**	○ **Delta/Surrey**	○ **Coquitlam**
#200 - 650 West 41st Ave. Vancouver, BC V5Z 2M9	#230 - 6180 Blundell Rd. Richmond, BC V7C 4W7	#107 - 6345 120th St. Delta, BC V4E 2A6	#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