PDG
Pediatric Dentistry
& Orthodontics


**Certified Specialists in Pediatric Dentistry**

**Anabel R. Chan**, DDS, Dip Peds, MSc, MRCDC
**M-Reza Nouri**, DMD, Dip Peds, MSc, FRCDC
**Louisa Y. Leung**, DMD, Dip Peds, MS, FRCDC
**Carter K. Ng**, DDS, Dip Peds, MSc, FRCDC
**Bradford W. Scheideman**, DMD, Dip Peds, FRCDC
& Associates

**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 ☐

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

## REFERRING TO ORTHODONTICS ☐

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

**NOTES:** _____

_____

_____

**PLEASE FORWARD RADIOGRAPH PRIOR TO APPOINTMENT**

O X-rays included O Please call me

O X-rays emailed O Please call patient

**DATE:** _____
(mm/dd/yyyy)

**Preferred location:**

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

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

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

**O 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!***