PDG
Pediatric Dentistry
& Orthodontics

Certified Specialists in Pediatric Dentistry

Anabel R. Chan, DDS, DIP PEDS, MSC, FRCDC
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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**	O **Richmond**	O **Delta/Surrey**	O **Coquitlam**
#200 - 650 West 41st Ave.	#230 - 6180 Blundell Rd.	#107 - 6345 120th St.	#101 - 2973 Glen Dr.
Vancouver, BC V5Z 2M9	Richmond, BC V7C 4W7	Delta, BC V4E 2A6	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