KIDZ Dental Care

778-228-4554
www.kidzdental.ca

DR. KANWARPREET SADANA INC., FRCD(C)
Certified Specialist in Pediatric Dentistry

PATIENT INFORMATION:

Name: _____ **Dob :** DD MM YYYY

Address: _____

Phone : **Cell:**

Parent/Guardian name: _____

Email: _____

REFERRING DOCTOR:

Doctor' Name : _____

Practice Name: _____

Office phone : _____ **Office Email :** _____

MEDICAL ALERT:

REASON FOR REFERRAL: _____

- ☐ Pain
- ☐ Anxiety
- ☐ Multiple/Advanced Dental Caries
- ☐ Needs Sedation
- ☐ General Anaesthesia
- ☐ Special Health Care Needs
- ☐ Dental Trauma

Radiographs taken : Y / N

- ☐ emailed to xrays@kidzdental.ca
- ☐ Sent with patient
- ☐ Refer back following treatment completion
- ☐ Continue recall care in your office

* Please email the scan of this copy at info@kidzdental.ca

6678 152 St. , Unit-107, Surrey BC V3S7J2