Children First Dental

BOARD CERTIFIED PEDIATRIC DENTIST

Dr. Zachary Wong
BMedSci DDS MSc Dip.Ped FRCD(C)

REFERRING DOCTOR

Doctor Name: _____ Date: _____

Dental Office: _____ Phone Number: _____

PATIENT INFORMATION

Patient Name: _____

DOB: _____

Legal Guardian: _____

Relation to Patient: _____

Address: _____

Phone Number: _____

Email: _____

REASON FOR REFERRAL

- ☐ Establishment of a Dental Home
- ☐ Severe Early Childhood Caries (SECC)
- ☐ Dental Trauma
- ☐ Special Health Care Needs
- ☐ Permanent Dentition Decay
- ☐ Nitrous Oxide and Oxygen Sedation/Oral Sedation/General Anesthesia
- ☐ Oral Pathology

Comments and Other Relevent Medical and Dental History

RADIOGRAPHS

- ☐ Not Available
- ☐ X-Rays Emailed

Date Taken:

_____

CONTINUING CARE

Patients will be returning to their referring dental office after treatment for continuity of care unless specified by:
- the referring office for patient to remain in our care
- the parent or guardian
- the pediatric dentist due to child's temperment or dental caries risk

INSURANCE INFORMATION

We offer direct billing to:
- Primary Insurance
- Secondary Insurance
- Alberta Child Health Benefit (ADSC)
- Non-Insurance Health Benefit (NIHB) Program
- Interim Federal Health Program (IFHP)
- Family Support for Children with Disabilities (FSCD) Program

Thank you for your referral!

Children First Dental
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