

# VICTORIA PEDIATRIC DENTAL CENTRE DR. ANITA GADZINSKA-MYERS INC

B.Psych., Dip Child Psych., DMD., Cert Ped Dentistry, FRCD(C)



: (250) 383-2133

: (250) 590-5685

: [vpdc1830@outlook.com](mailto:vpdc1830@outlook.com)

## Patient Information:

Child's Name:		Child's Date of Birth (DOB):	
Parent(s) Name:			
Family address:	Street:	City:	Postal Code:
Phone:	Home:	Cell:	Other:
E-mail:			

## Insurance Information:

Insurance Name #1:		Insurance Name #2:	
Subscriber's Name:		Subscriber's Name:	
Subscriber's DOB:		Subscriber's DOB:	
Group/Policy#		Group/Policy#	
Subscriber ID:		Subscriber ID:	

## Consultation Detail:

Mark affected teeth:	16 ___ 55 ___ 54 ___ 53 ___	52 ___ 51 ___ 61 ___ 62 ___	63 ___ 64 ___ 65 ___ 26 ___
	46 ___ 85 ___ 84 ___ 83 ___	82 ___ 81 ___ 71 ___ 72 ___	73 ___ 74 ___ 75 ___ 36 ___
Describe Child's Behaviour:		Was treatment attempted at your office?	
Additional Information:			
Mark Urgency:	<input type="checkbox"/> Urgent, contact ASAP	<input type="checkbox"/> Book when possible	

## Radiographs:

<input type="checkbox"/> Please take	<input type="checkbox"/> Sent- Hard copy Date Taken: _____	<input type="checkbox"/> Emailed- Digital copy Date Taken: _____
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## Referring Office:

Doctor's Name:		Name of the Clinic:	
Clinic's Phone:		Clinic's Address:	

Thank you for your referral,  
We sincerely appreciate your trust!

Internet Hug



Wrap arms around monitor now!