

www.just4kidsdental.ca



Pediatric and Orthodontic Dental Clinic

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- Dr. Nida Amir: DDS, M.Sc., FRCD(c), Diplomate, American Board of Pediatric Dentistry
Dr. Amir Shah: DDS, M.Sc., FRCD(c), Diplomate, American Board of Pediatric Dentistry
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- Dr. Ziad Baghdadi: DDS, MS, PhD, MPH, FRCD(C), Diplomate, American Board of Pediatric Dentistry
Dr. Charanjeet Singh: DDS, FRCD(C), Pediatric Dentist
Dr. Fabio Pinheiro: Certified Orthodontist, DDS, MSc, PhD.
Dr. Robert Diamond: DMD, Certified Specialist in Pediatric Dentistry. Assistant Professor Dr. Gerald Niznik College of Dentistry, Rady Faculty of Health Sciences, University of Manitoba

Patient Information

Form with fields for Date of Referral, Name of Patient, Address, Date of Birth, Mobile Phone, Parent/Guardian, Home Phone, Email, Referring Dentist, Referring Office.

Dentistry

Table with dental chart grid. Columns labeled 18-28 and 61-65. Rows labeled 55-51 and 85-81. Labels 'Upper', 'Lower', 'Right', 'Left'.

- Call parents to arrange an appointment.
Most recent radiographs are attached.
Inform us once the treatment is complete.
Additional comments: _____

- Reason for referral: Emergency, Pain/Swelling, Treatment under General Anaesthetic, Treatment under Nitrous/Oral sedation, Orthodontic Consultation, Other

Insurance Information

Form with columns for Primary and Secondary insurance information. Fields include Subscriber Name, Date of Birth, Insurance Co., Group/Policy, ID Number.

Upon completion of the treatment, please have the patient return to our office for recalls.