



Pediatric and Orthodontic Dental Clinic

☐ **Selkirk**, 210 Clandeboye Avenue
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 204-482-8800
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 ☐ **Winnipeg**, Unit A, 1765 Kenaston Blvd.
 204-477-5457
 204-477-4234
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DMD, Certified Specialist in Pediatric Dentistry.
Assistant Professor Dr. Gerald Niznik College of
Dentistry, Rady Faculty of Health Sciences,
University of Manitoba

Patient Information

Date of Referral	_____	Parent/Guardian	_____
Name of Patient	_____	Home Phone	_____
Address	_____	Email	_____
Date of Birth (d/m/y)	_____	Referring Dentist	_____
Mobile Phone	_____	Referring Office	_____

Dentistry

		Upper		
	18 17 16 15 14 13 12 11		21 22 23 24 25 26 27 28	
Right	55 54 53 52 51		61 62 63 64 65	Left
	85 84 83 82 81		71 72 73 74 75	
	48 47 46 45 44 43 42 41		31 32 33 34 35 36 37 38	
		Lower		

- ☐ 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

Primary

Subscriber Name _____
Date of Birth _____
Insurance Co. _____
Group/Policy _____
ID Number _____

Secondary

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.