

Patient Referral

Thank you for the opportunity to be of service to you and your patient.

DOCTOR	OFFICE	TEL
PATIENT NAME		AGE
PARENT/GUARDIAN		
ADDRESS		
PREFERRED TEL		ALTERNATE TEL / CONTACT (EMAIL)
<input type="checkbox"/> Appointment Booked _____ <input type="checkbox"/> Patient to Call <input type="checkbox"/> Please call Patient		

Please provide as much information as possible so that we may take care of your patient.

REASON FOR REFERRAL

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Caries | <input type="checkbox"/> Crowding / Growth Anomaly |
| <input type="checkbox"/> Trauma | <input type="checkbox"/> Second Opinion |
| <input type="checkbox"/> Abscess | <input type="checkbox"/> Other _____ |

RADIOGRAPHS

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Please Take | <input type="checkbox"/> Mailed |
| <input type="checkbox"/> Given to Parent | <input type="checkbox"/> Emailed |

If forwarding radiographs, please send LEGIBLE copies/prints or originals. (Originals will be returned)

COOPERATION

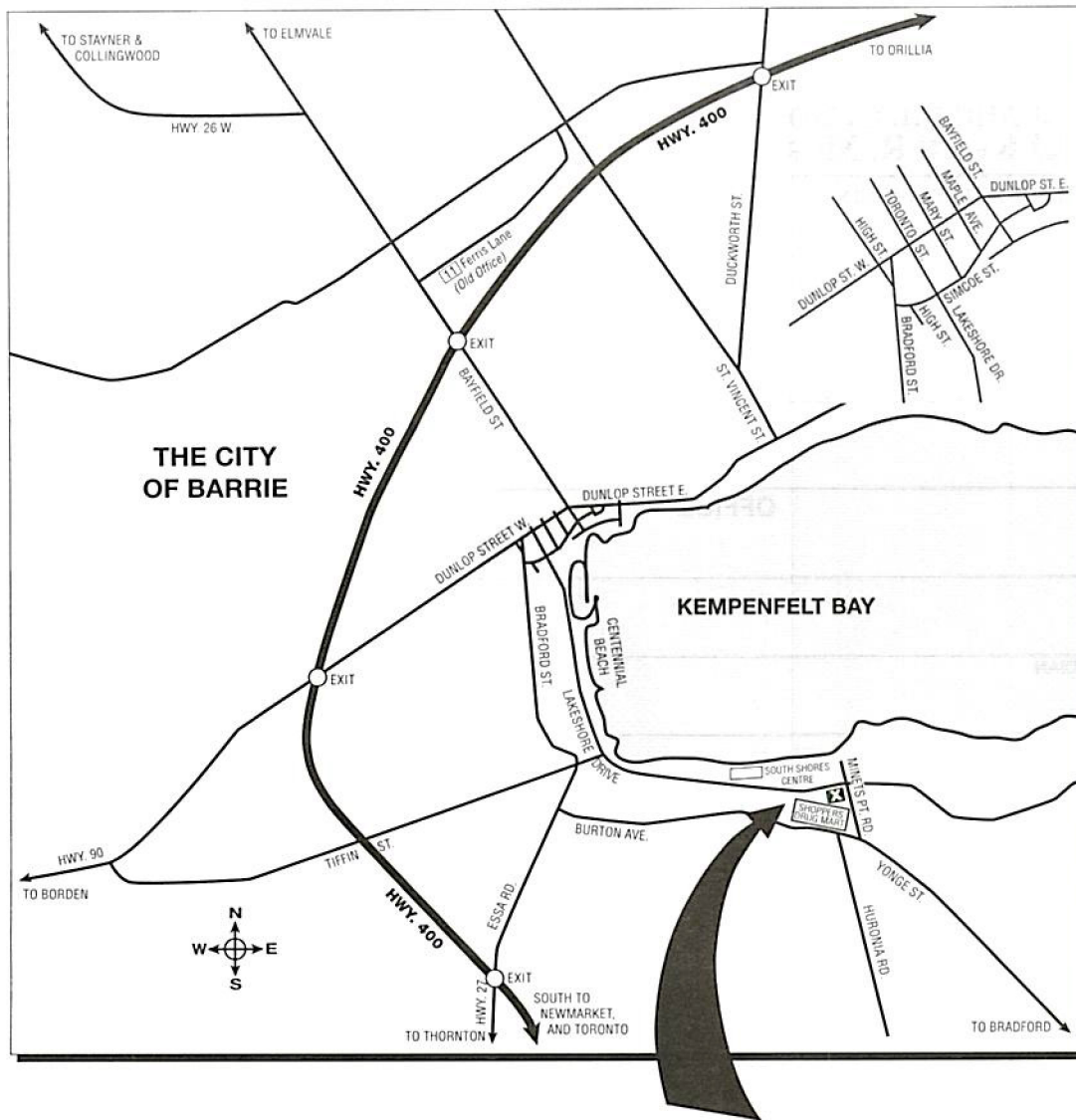
- | | |
|-------------------------------|-------------------------------|
| <input type="checkbox"/> Good | <input type="checkbox"/> Poor |
|-------------------------------|-------------------------------|

COMMENTS

Please provide a brief note with concerns and requests.

RELEVANT MEDICAL HISTORY





300 Lakeshore Dr., Suite 200



Google Map

INFORMATION FOR PARENTS

- It is our pleasure to be able to help you and your child. You will be scheduled for a consultation with Dr. Goralski or Dr. Morley so that you can express your concerns and discuss treatment.
- Please arrive 15 minutes before your appointment to complete a health and dental history.
- Expect to spend about one hour at our office for a thorough consult.
- If you cannot make your appointment please provide 48 hour notice for cancellation.
- Visit www.KidsDentistry.ca to get acquainted with our office and Drs. Goralski and Morley.
- Don't hesitate to call us. We are here to help and we look forward to seeing you!

DIRECTIONS

FROM NORTH VIA HWY 400

- Take exit 94 for Essa Road
- Turn left onto Essa Rd
- Turn right onto Tiffin St
- Turn right onto Lakeshore Dr
- Destination will be on the right, White "BDO" building

FROM SOUTH VIA HWY 400

- Take exit 94 for Essa Road
- Turn right onto Essa Rd
- Turn right onto Tiffin St
- Turn right onto Lakeshore Dr
- Destination will be on the right, White "BDO" building



KidsDentistry.ca