Dr. Ella Choi BMSc, DDS, MSc, FRCD(C)
Certified Specialist in Pediatric Dentistry
#104, 2630 Croydon Dr., Surrey BC V3Z 0S8
T (778) 291-2222 **F** (844)270-5034
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INTRODUCING

Date: ____________________

Patient Name: ____________________ Date of Birth: ____________________

Parent/Contact: ____________________ Phone: ____________________

Address: ____________________ E-Mail: ____________________

____

☐ **Treat patient and refer back** ☐ **Treat patient and continue to see until adulthood**

REASON FOR REFERRAL

☐ Pain ☐ Restorative Work Required ☐ Medical Concerns

☐ Sedation ☐ Previous Negative Experience ☐ Anxiety

☐ Other ____________________

DENTAL INSURANCE INFORMATION

1st Policy Holder: ____________________ Date of Birth: ____________________

Employer: ____________________ INS CO: ____________________

GROUP#: ____________ ID#: ____________ BASIC %: ____________________

Plan Maximum $: ____________________ Used to Date: ____________________

2nd Policy Holder: ____________________ Date of Birth: ____________________

Employer: ____________________ INS CO: ____________________

GROUP#: ____________ ID#: ____________ BASIC %: ____________________

Plan Maximum $: ____________________ Used to Date: ____________________

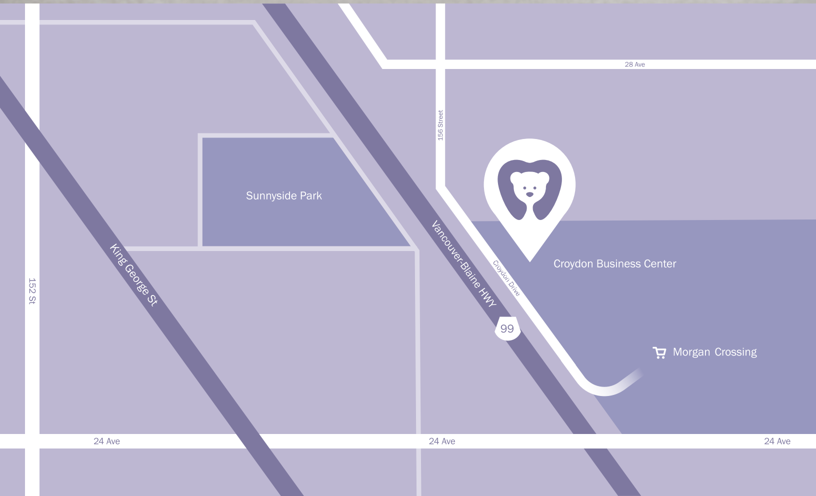
PLEASE FORWARD RADIOGRAPH PRIOR TO APPOINTMENT

☐ X-Rays Emailed ☐ Yes, With Patient ☐ Yes, In Mail ☐ Not Possible

Please Indicate Type, Date and Number of X-Rays: ____________________

Referred By: ____________________ Phone: ____________________

PLAYTIME PEDIATRIC DENTISTRY



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