



# PLAYTIME PEDIATRIC DENTISTRY



## INTRODUCING

Date \_\_\_\_\_  
 Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Parent/Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_

- 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-ray \_\_\_\_\_

Referred by \_\_\_\_\_ Phone \_\_\_\_\_

## CLINIC LOCATIONS

**Vancouver**  
 508 W 6th Ave Vancouver, BC V5Z 1A1  
 Phone: 604 731 4608  
 vancouver@playtimedentistry.ca

**South Surrey**  
 104-2630 Croydon Drive, Surrey BC V3Z 6T3  
 Phone: 778 291 2222  
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## PEDIATRIC DENTISTS

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