Dr. Ella Choi BMSc, DDS, MSc, FRCD(C)
Certified Specialist in Pediatric Dentistry
104-2630 Croydon Drive, Surrey BC V3Z 0S8
T 778 291 2222 **E** reception@playtimedentistry.ca

INTRODUCING

Date: ______________________

Patient Name: ______________________ Date of Birth: ______________________

Parent/Contact: ______________________ Phone: ______________________

Address: ______________________ E-Mail: ______________________

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☐ **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: ______________________

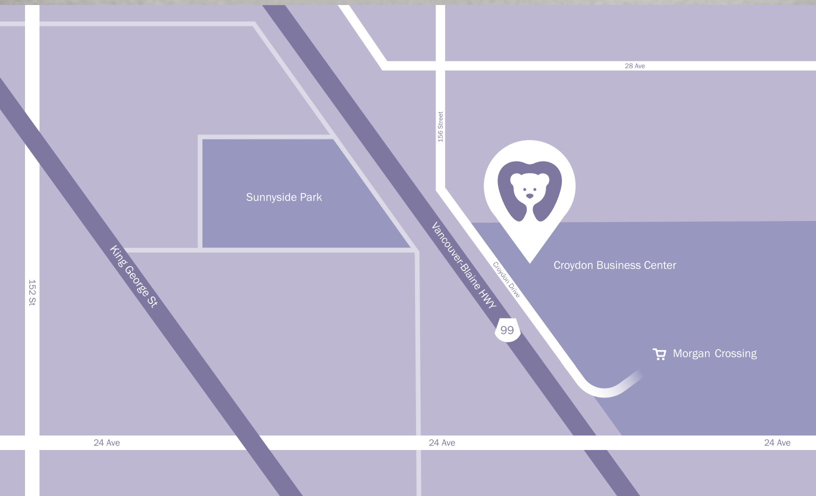
PLEASE FORWARD RADIOGRAPH PRIOR TO APPOINTMENT

☐ 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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