

**Certified Specialists in Pediatric Dentistry**

B107 - 2401 Millstream Road, Langford BC V9B 3R5 Ph: 250-478-5580 E: [info@treetopkids.ca](mailto:info@treetopkids.ca)

Referral Date: \_\_\_\_\_  
(mm/dd/yyyy)

Referring DDS/DMD: \_\_\_\_\_ Office Name: \_\_\_\_\_ Office Ph#: \_\_\_\_\_  
(full name)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M  F   
(first, middle, last) (mm/dd/yyyy)

Mother: \_\_\_\_\_ Ph#: \_\_\_\_\_ E: \_\_\_\_\_  
(home/mobile/work)

Father: \_\_\_\_\_ Ph#: \_\_\_\_\_ E: \_\_\_\_\_  
(home/mobile/work)

Guardian: \_\_\_\_\_ Ph#: \_\_\_\_\_ E: \_\_\_\_\_  
(home/mobile/work)

Area of Concern:

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

Comments: (medical history/behaviour/caries/other)

Radiographs:  Yes, emailed |  Yes, mailed |  No, not possible

Date Taken: \_\_\_\_\_  
(mm/dd/yyyy)

Insurance (1°): Co: \_\_\_\_\_ Policy Holder: \_\_\_\_\_ DOB: \_\_\_\_\_

Group #: \_\_\_\_\_ ID #: \_\_\_\_\_ Dependant: \_\_\_\_\_

Insurance (2°): Co: \_\_\_\_\_ Policy Holder: \_\_\_\_\_ DOB: \_\_\_\_\_

Group #: \_\_\_\_\_ ID #: \_\_\_\_\_ Dependant: \_\_\_\_\_

Please Fill Clearly and Email to [referrals@treetopkids.ca](mailto:referrals@treetopkids.ca)