ALAN R. MILNES
DDS, Dip. Paed., Ph.D., FRCD(C)
Certified Specialist in Pediatric Dentistry

ORCHARD PLAZA PROFESSIONAL BUILDING
101-1890 Cooper Rd, Kelowna, BC V1Y 8B7
Phone: 250 763 5101 • Fax: 250 763 5131
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TERRY C.L. FARQUHAR
RN, DDS, Dip. Paed., FRCD(C)
Certified Specialist in Pediatric Dentistry

website: www.okanagandentalcareforkids.com

Dr. Milnes ❒ Dr. Farquhar ❒ Either Dr. Milnes or Farquhar ❒

CONSULTATION REQUEST FOR:

DATE .....

NAME ..... BIRTHDATE .....

ADDRESS ..... CITY .....

..... POSTAL CODE .....

TELEPHONE (HOME) .....

BUSINESS PHONE ..... CELL PHONE .....

MEDICAL ALERTS AND/OR ALLERGIES .....

PARENT'S NAME(S) .....

FOR OFFICE USE ONLY

Dental Insurance? **Please Check (✓)** ❒ Yes ❒ No Insurance Co. .....

❒ DIA ❒ HK ❒ MHR

REASON FOR REFERRAL Please Check (✓)

❒ Consultation Only ❒ Dental Caries ❒ Thumb Sucking/Finger Sucking Habit ❒ Guidance of Occlusion
❒ Mesiodens/Odontoma ❒ Dental Surgery ❒ Dental Traumatic Injury ❒ Behaviour

˙ *Please use the back of this form for additional notes*

RADIOGRAPHS: A) Mailed ❒ B) Given to Parent ❒ C) Not Taken ❒ D) Digital - please email to us ❒

(IF EMERGENCY - Please give X-Rays to parent. DO NOT MAIL.)

TREATMENT MODALITY REQUESTED BY OR RECOMMENDED TO PARENT:

❒ Behavior Modification & Local Anesthesia ❒ Sedation & Local Anesthesia
❒ General Anesthesia ❒ None Requested

Referring Doctor .....Email: .....

REMARKS/SPECIAL CONCERNS: .....

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We will endeavour to send treatment reports to you by email if available.
Please ensure we have your current email address.

❒ Please Call Parents ❒ Parent Will Call

IMPORTANT - PLEASE GIVE THIS PORTION TO PARENT

PARENTS:

1) Your child has been referred to us by your dentist for treatment of a special problem.
2) Treatment will NOT be performed on the first visit.
3) Parents/legal guardians MUST attend this consultation visit with their child.
4) Please leave siblings at home whenever possible.
5) Please advise us if your child has medical and/or behavioural issues we should know about.
6) We do not accept personal cheques. We accept VISA, Mastercard, debit, money order & cash.
7) Regardless of dental insurance coverage, parents are expected to pay for all treatment completed, in full, on the day of the visit.
8) There is a possibility, under certain circumstances, for families traveling long distances an exam one day may be followed by treatment the next day.

DR. ALAN MILNES
DR. TERRY FARQUHAR
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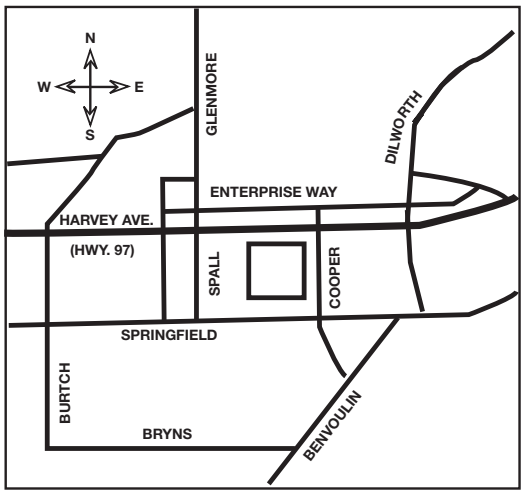
pedodocs@shawbiz.ca

Thank you,
DR. A.R. MILNES, DR. T. FARQUHAR
And OUR DENTAL TEAM

SEE OVER FOR MAP TO OUR LOCATION



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