Suite 101 - 1890 Cooper Road, Kelowna, BC V1Y 8B7 | Tel 250-763-5101 | Fax 250-763-5131 www.okanaganpediatricdentistry.ca info@opdentistry.ca

CONSULTATION	I REQUEST FOR	R:	DATE			
NAME			BIRTHDATE		FOR OFFICE	
ADDRESS			CITY		USE ONLY	
TELEPHONE (HOM	E)		CELL PHONE		.	
EMAIL						
MEDICAL ALERTS	AND/OR ALLERG	IES				
PARENTS' NAME(S)					
Dental Insurance?			No Insurance Co	0		
	□ DIA □ HK	□ MHR				
REASON FOR REF	ERRAL Please C	heck (✓)				
☐ Consultation Only ☐ Dental Carie				□ Guidance of Occlusion		
☐ Mesiodens/Odon	toma	□ Dental Trau	matic Injury	☐ Behavio	ur	
* Please use the bac	k of this form for ad	ditional notes				
RADIOGRAPHS:	A) Mailed □	B) Given to Pare	ent 🗆 C) Not Tak	en 🗆 D) Di	gital - please email to us 🗆	
(IF EMERGENCY -	Please give X-Rays	to parent. DO	NOT MAIL.)			
			OMMENDED TO PA			
□ Behaviour Guidance & Local Anesthesia □ General Anesthesia				□ Sedation & Local Anesthesia□ None Requested/Recommended		
_ 0.0.10.0.7.110011.100						
Referring Doctor			Email:			
REMARKS/SPECIA	AL CONCERNS:					
vve			ment reports to y re your current er		avaliable.	
	. 10400 01	isais worldv	o your ourroint or	nan addioos.		
☐ Please Call Paren	I Please Call Parents ☐ Parent Will Call					

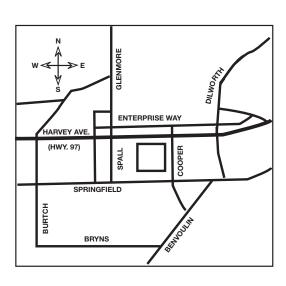
IMPORTANT - PLEASE GIVE THIS PORTION TO PARENT

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.

Thank you, **DR. T. FARQUHAR**and OUR DENTAL TEAM

DR. TERRY FARQUHAR 101-1890 Cooper Road Orchard Plaza Professional Building Kelowna, B.C. V1Y 8B7 PH. (250) 763-5101 FAX (250) 763-5131 info@opdentistry.ca



DR. TERRY FARQUHAR 101-1890 Cooper Road Orchard Plaza Professional Building Kelowna, B.C. V1Y 8B7 PH. (250) 763-5101 FAX (250) 763-5131 info@opdentistry.ca