Patient Referral Form

Dr. Peeyush Ranjan
BDS,Cert. Ped.Dent
Certified Specialist in Pediatric Dentistry

Referring Doctor

Doctor Name: _____ Date of referral: _____
day / month / year

Clinic Name: _____

Clinic Phone Number: _____ Clinic Email: _____

Patient Information

Patient Full Name: _____ Date of Birth: _____
day / month / year

Gender: ☐ Male ☐ Female Age: _____

Parent/Guardian Name: _____

Relation to Patient: _____ Phone: _____

Address: _____

E-mail: _____

Insurance information:

- ☐ No Insurance
- ☐ AB Government- ADSC, NIHB etc
- ☐ Canadian Dental Care Plan
- ☐ Private/Employer Sponsored

Reason for Referral

(check all that apply)

☐ Requires a pediatric dental home
Patient needs pediatric specialty care due to age or level of cooperation. **Patient will remain in our care until comfortable in a general dentist setting.**

☐ Specific procedure needed
Please specify procedure(s) below. Patient will be referred back to your office following completion of the requested procedure(s).

☐ Requires general anesthesia for treatment
Please specify reason below (age, cooperation, extensive treatment etc)

☐ Urgent Referral
Patient requires an urgent appointment. Patients seen within 5-10 business days of referral. **Please specify reason for urgent appointment.**

☐ EMERGENCY ! Call our clinic once referral is sent
True dental emergency. Patient seen on same day the referral is received. **Please specify in detail the nature of emergency below.**

Comments and other relevant dental and medical history

Appointment Scheduling

- ☐ Please contact patient to schedule appointment
- ☐ Patient will contact your office to schedule appointment
- ☐ Patient already has an appointment booked at your office

Radiographs

- ☐ Radiographs Emailed: ☐ PAN ☐ BW ☐ PA
  Date of xrays: _____
- ☐ No Radiographs Taken

☐ Our office requires more referral pads

Tooth Pals Pediatric Dentistry
501 - 401 Cooper's Blvd SW
Airdrie, Alberta T4B 4J3

403-774-7196
www.toothpals.ca
referrals@toothpals.ca

Insurance

WE DIRECT BILL TO ALL INSURANCE PLANS

- Private & Employer Sponsored Plans
- Canadian Dental Care Plan
- NIHB
- AISH, ADSC- Low Income Benefits
- Refugee Plans

About Us

Serving Airdrie and Surrounding Communities since 2018

Tooth Pals Pediatric Dentistry provides specialized dental care for children in a warm, kid-friendly setting. We offer services including laser dentistry, nitrous oxide, and general anesthesia to support safe, efficient & comfortable treatment for every child.

What to expect

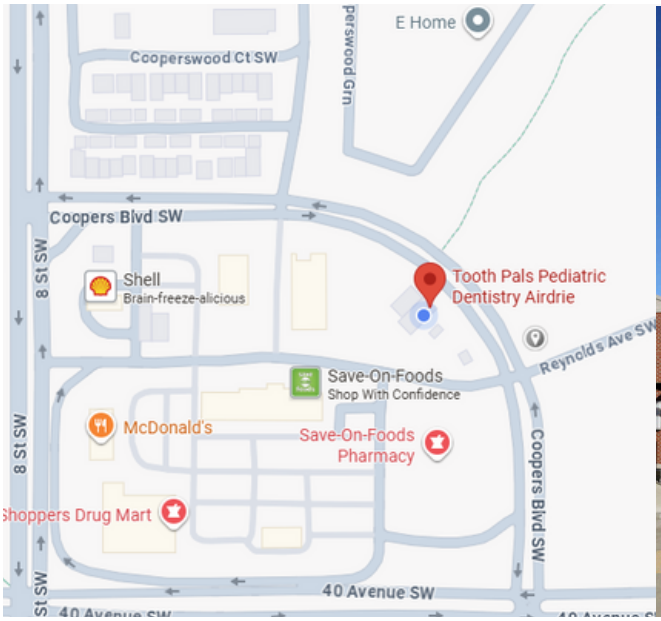
As part of our commitment to high-quality specialized care, we always complete our own examination to ensure we have the most accurate, up-to-date understanding of your child's oral health. This enables us to create a safe, appropriate, and individualized treatment plan to support the best possible outcome.
Your child's first visit will be a consultation, which includes a thorough exam (with x-rays as needed). After examination, we will provide you with a customized treatment plan based on our findings, along with discussion regarding the best approach to complete treatment for your child. Please note that a legal parent or guardian must be present for the first dental visit.

As a pediatric specialty practice, we follow the **Alberta Specialist Dental Fee Guide**. If you have any questions regarding the cost of your appointment, please contact us before your scheduled visit.

Wheelchair Accessible

Free Parking

Monday: 8:00AM-4:30PM
Tuesday: 8:00AM-4:30PM
Wednesday: 8:00AM-4:30PM
Thursday: 8:00AM-4:30PM
Friday: 8:00AM-4:00PM



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