

ISLAND KIDS DENTISTRY
Andrew Tomash, DDS, FRCDC(C)
Certified Specialist in Pediatric Dentistry
and Associates

Telephone: 250-595-3322 Fax: 250-592-2186
203-3550 Saanich Road
Email: info@islandkidsdental.com

Date of Referral _____

Guardian _____ relationship to patient _____

E-mail: _____ Phone number _____

Patient Name: _____ Birthdate: _____

Address: _____

City: _____ Postal Code: _____

Dental Insurance Information:

Policy Holder Name _____ Birthdate of Policy holder _____

Insurance Carrier : _____

Group#: _____ Certificate/ID Number: _____

Employer: _____

Reason for Referral: please indicate

- Restorations
- Extractions (please indicate)
- Consultation
- Child has been difficult to handle
- Will require general anesthetic
- X-rays enclosed date taken: _____
- No x-rays available

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

55	54	53	52	51	61	62	63	64	65
85	84	83	82	81	71	72	73	74	75

Comments: _____

Referred by _____

Referring Office _____ Phone: _____

Thank you for the kind referral!