

**Board Certified Specialists in Pediatric Dentistry**

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| <input type="checkbox"/> <b>Dr. Don He</b><br>BMedSci DDS MSc Dip.Ped FRCD(C)  | <input type="checkbox"/> <b>Dr. Zachary Wong</b><br>BMedSci DDS MSc Dip.Ped FRCD(C)  |
| <input type="checkbox"/> <b>Dr. Christine Bell</b><br>BSc DMD Cert.Ped FRCD(C) | <input type="checkbox"/> <b>Dr. Kevin Amaniampong</b><br>BSc DDS MSc Dip.Ped FRCD(C) |

**Referring Doctor**

Doctor Name: \_\_\_\_\_  
Dental Office: \_\_\_\_\_

Date of Referral: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Clinic E-Mail: \_\_\_\_\_

**Patient Information**

Patient Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Legal Guardian: \_\_\_\_\_  
Relation to Patient: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**Insurance Information**

We offer direct billing to:

- Primary Insurance
- Secondary Insurance
- ADSC - Alberta Child Health Benefits
- Non-Insured Health Benefit (NIHB) Program
- Interim Federal Health Program (IFHP)
- Family Support for Children with Disabilities (FSCD) Program

**Reason for Referral**

- Establishment of a Dental Home**  
Due to patient's age and level of cooperation, patient is best suited for continuity of care at a pediatric dental office until cooperation improves and specialty care is no longer required.
- Severe Early Childhood Caries (SECC)**
- Dental Trauma**
- Special Health Care Needs**
- Advanced Permanent Teeth Dental Decay**
- Nitrous Oxide and Oxygen Sedation / Oral Sedation / General Anesthesia**
- Endodontic Considerations Requiring General Anesthesia**
- Interceptive Orthodontics**
- Oral Pathology**

Comments and Other Relevant Medical and Dental History:

**Continuing Care**

Patients will be returning to their referring dental office after treatment for continuity of care otherwise specified by:

- the referring office for patient to remain in our care
- the parent or guardian
- the pediatric dentist due to child's temperament or high dental caries risk

**Radiographs**

- Not Available
- X-Rays Emailed

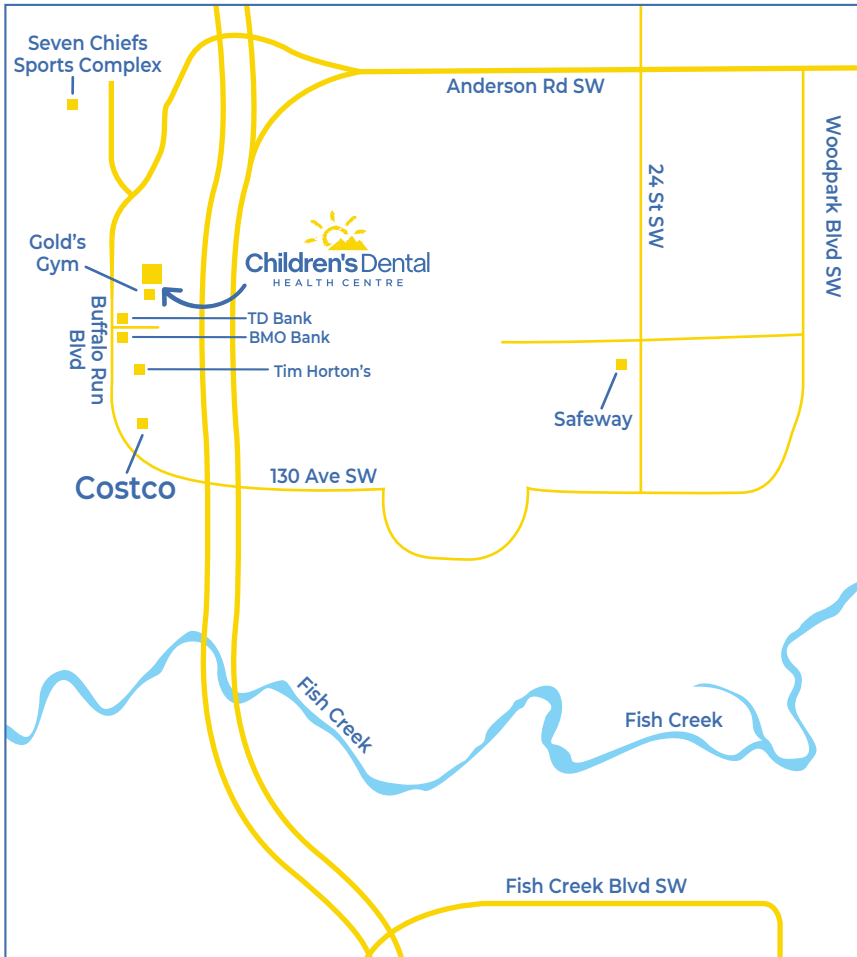
Date Taken: \_\_\_\_\_

**Thank you for your referral!**

**Online Booking:**  
[www.childrensdentalhealth.ca](http://www.childrensdentalhealth.ca)

**SOUTH Calgary Location**  
**#125 11501 Buffalo Run Blvd**  
**Tsuum'ina, AB, T3T 0E4**

Phone: 403-730-1777  
Fax: 403-730-1767  
E-Mail: [south@childrensdentalhealth.ca](mailto:south@childrensdentalhealth.ca)



### TO ASSIST US WITH YOUR VISIT TO OUR OFFICE:

1. Please fill out our new patient forms that will be e-mailed to you
2. Please bring the following to your appointment:
  - Any assigned insurance policy information
    - We direct bill to private insurances and accept ADSC and NIHB; your insurance policy may dictate assignment or non-assignment.
  - The attending guardian's Driver's License or Photo ID
  - Your child's Alberta Healthcare Card