



# Children's Dental Clinic Regina

Pediatric and Orthodontic Dental Clinic

600B Victoria Avenue East, Regina, SK. S4N 0N7

Phone: (306) 721-KIDS (5437)

Fax: (306) 721-5448

Email: hello@cdwregina.com

Dr. Het Bo

Dr. Charles Lekic

Dr. Christopher Yue

Dr. Alvaro Salles

Dr. Milos Lekic

Dr. Nick Lekic

Date of Referral \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
 Name of Patient \_\_\_\_\_ Home Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_  
 DOB (d/m/y) \_\_\_\_\_ Referring Dentist \_\_\_\_\_  
 Mobile Phone # \_\_\_\_\_ Referring Office \_\_\_\_\_

### For Pediatric Dentistry

First Available Pediatric Dentist

#### This is a referral regarding:

Pain/Swelling  General Anaesthetic  Emergency  Other \_\_\_\_\_

### For Orthodontics

First Available Orthodontist

#### Please evaluate for:

Comprehensive Orthodontic Treatment  Early Treatment/Growth Modification

Comments: \_\_\_\_\_  
 \_\_\_\_\_

	Y	N
Please call the parent/guardian to arrange appointment	<input type="checkbox"/>	<input type="checkbox"/>
We are sending the most current radiographs	<input type="checkbox"/>	<input type="checkbox"/>
Please inform us of treatment completed	<input type="checkbox"/>	<input type="checkbox"/>

### Insurance Information

#### Primary Insurance

Subscriber Name \_\_\_\_\_  
 DOB (d/m/y) \_\_\_\_\_  
 Insurance Co. \_\_\_\_\_  
 Group/Policy # \_\_\_\_\_  
 ID Number \_\_\_\_\_

#### Secondary Insurance

Subscriber Name \_\_\_\_\_  
 DOB (d/m/y) \_\_\_\_\_  
 Insurance Co. \_\_\_\_\_  
 Group/Policy # \_\_\_\_\_  
 ID Number \_\_\_\_\_

Upon completion of treatment please have patient return to our office for recalls  Y  N