Gateway PEDIATRIC DENTISTRY

Dr. Richard Graham DDS, FRCD(C)*
Dr. Maria Ray DMD, FRCD(C)*
Dr. Adam Palmer DDS, FRCD(C)*
Dr. Brian Lam DMD, FRCD(C)*
Dr. Simrit Nijjar DDS, FRCD(C)*

** Registered Specialists in Pediatric Dentistry*

Referring Dr. _____ Date: _____

Phone: _____ Fax: _____

Email: _____

Patient Name: _____ DOB: _____

Contact Name: _____

Address: _____

_____ Postal Code:

Tel (Res): _____ Bus/Cell: _____

☐ Consult/Treatment ☐ Emergency Care ☐ Special Needs
☐ General Anesthesia ☐ Requires Continual Care

Notes: _____

_____

Radiographs: ☐ Are enclosed ☐ Emailed ☐ Are with patient
☐ Are mailed separately ☐ None _____

☐ Please call this patient to arrange the consultation.
☐ This patient will call your office to arrange the consultation.
☐ Our practice requires more referral pads.

☐ EDMONTON
Suite 215, 2920 Calgary Tr NW
Edmonton, AB T6J 2G8
Fax: 780-441-1228

☐ SHERWOOD PARK
Suite 130, 3810 Sherwood Dr
Sherwood Park, AB T8H 0Z9
Fax: 780-570-8588

☐ ST. ALBERT
#400, 665 St. Albert Tr
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