

Pediatric Dentistry Referral form

Dr Nabil Ouatik DMD MSc FRCD(C)
Specialist in Pediatric Dentistry



Offering : • Comprehensive Pediatric Dentistry
• General anesthesia in public hospitals (covered by OHIP and RAMQ)
• General anesthesia and sedation in two private surgery centres

SPECIALIZED PEDIATRIC DENTAL CENTRE
CENTRE DENTAIRE PÉDIATRIQUE SPÉCIALISÉ
OTTAWA

INSTRUCTIONS

Please fax (613-737-4649) or e-mail (referrals@pediadent.ca) this form. Do not mail.
Do not hand this form to your patient to bring. Keep a copy for your records.
Fax or e-mail any relevant medical history, clinical notes and insurance information.

SCHEDULING PRIORITY ☐ Emergency - PLEASE CALL US ☐ Urgent (Within 1 - 2 weeks) ☐ Next Available

REFERRING DENTIST _____ **DATE** _____
Telephone _____ E-mail _____

PATIENT'S NAME _____ **AGE** _____
Telephone _____ Home _____ Work/cell _____
Street address _____
City/town _____ Province/Territory _____ Postal code _____

PRIVATE INSURANCE ☐ Yes ☐ No
GOVERNMENT PROGRAMS ☐ NIHB (First Nations) ☐ OW* ☐ ODSP* ☐ HSO (Healthy Smiles)* ☐ CINOT* ☐ RAMQ (Québec)*

SIGNIFICANT MEDICAL & BEHAVIOURAL HISTORY _____

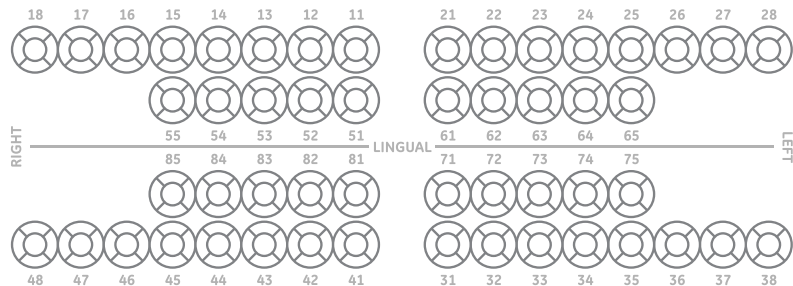
RADIOGRAPHS TAKEN ☐ Bitewings ☐ Periapicals ☐ Panorex ☐ Emailed ☐ Mailed ☐ Coming with Patient ☐ Not Taken

EXPECTED TYPE OF SEDATION ☐ General anesthesia ☐ IV Sedation ☐ Oral sedation ☐ Nitrous oxide sedation ☐ None

REFERRAL FOR

- ☐ Dental caries
- ☐ Dental abscess/infection
- ☐ Behaviour guidance/management
- ☐ Habits/Interceptive orthodontics
- ☐ Minor pediatric oral surgery
- ☐ Trauma
- ☐ Dental anomalies
- ☐ Hypoplastic 6's (MIH)
- ☐ Other _____

TREATMENT RECOMMENDED (Please click to colour the affected surfaces)



PATIENT CURRENTLY IN PAIN ☐ Yes ☐ No

Comments _____

OBJECTIVE OF REFERRAL ☐ Opinion only ☐ Management of specific condition ☐ Comprehensive care

WRITTEN REPORT ☐ No ☐ Yes

RECALL APPOINTMENTS ☐ At Your Office ☐ At Pediadent

* Please contact our office to confirm that we are currently participating in the government program your patient is covered under.

Smyth Medical Centre
1929 Russell Road, Suite 318
Ottawa, Ontario K1G 4G3 Canada
T 613 737 4343 • F 613 737 4649
E referrals@pediadent.ca • W www.pediadent.ca



reset form

submit referral

Finding us

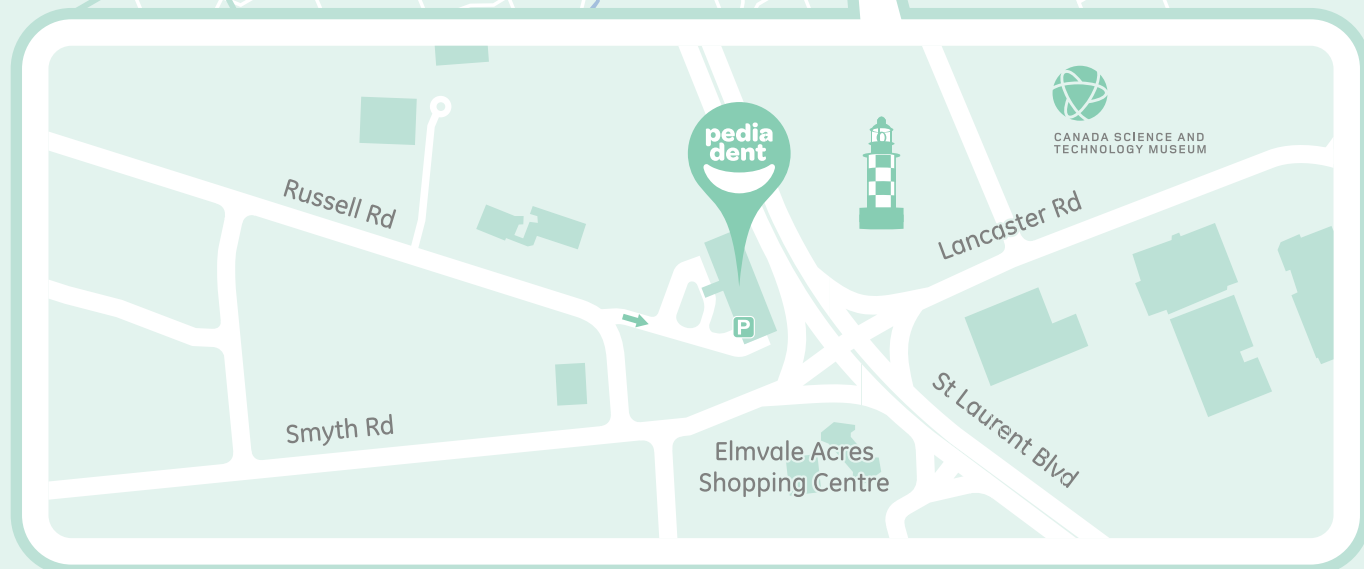
Smyth Medical Centre
1929 Russell Road, Suite 318
Ottawa, Ontario
Canada K1G 4G3

 Free underground parking available*

 Wheelchair accessible



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Thank you for choosing Pediadent

* Please notify the parking attendant and our office secretary. Some conditions may apply.