



Introducing: _____ Referral Date: _____

Age: _____ Tel: (h) _____ (c) _____

Referred by: Dr. _____ Tel: _____

Address: _____

Pediatric Dentistry

- Comprehensive Treatment
- Specific Treatment
- Emergency Treatment

Complimentary Orthodontic Consultation

- Comprehensive Treatment
- Limited Treatment
- Check-up

Comments _____

X-rays emailed

X-rays sent with patient

Please take x-rays

Dr. Krista Lee

BSC, DDS, CERT. ORTHO

Dr. Anthony Antoniazzi

BSC, DDS, CERT. ORTHO

Dr. Zhemeng Wang

DDS, CERT. PEDO

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Two Specialties. One goal. Your child's perfect smile.

KidsDentalGroup.ca