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Introducing: _____ Referral Date: _____

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

Referred by: Dr. _____ Tel: _____

Address: _____

Pediatric Dentistry

- Comprehensive Treatment
- Specific Treatment
- Emergency Treatment

Orthodontics

- Complimentary Consultation
- Limited Treatment
- Check-up

Comments _____

- X-rays emailed X-rays sent with patient Please take x-rays

Pediatric Specialists

Dr. Zhemeng Wang

DDS, CERT PEDO

Dr. Edina Heder

MSC DENT, DMD, CERT PEDO

& Associates

Orthodontic Specialists

Dr. Krista Lee

BSC, DDS, CERT ORTHO

Dr. Anthony Antoniazzi

BSC, DDS, CERT ORTHO

Dr. Larry Parker

BDS, DDS, DIP ORTHO, MSC

Dr. Raffi Aynacyan

DDS, MCLD, CERT ORTHO, FRCD(c)

STOUFFVILLE

6371 Main Street

Stouffville, ON L4A 1G4

MARKHAM

5762 Highway 7, Suite 215

Markham, ON L3P 1A8

RICHMOND HILL

300 West Beaver Creek Road, Suite 218

Richmond Hill, ON L4B 3B1

RICHMOND HILL - HILLCREST MALL

9350 Yonge Street, Suite 216

Richmond Hill, ON L4C 5G2