glow

Dr. Fran TaekHyun Rhee
Certified Specialist in Pediatric Dentistry
DMD, FRCD (C)
125 – 20826 72nd Ave Langley BC V2Y 3J5
T 778.278.1010 **F** 778.200.7377
E hello@smilesbyglow.ca
smilesbyglow.ca

Patient Name _____ Birthdate _____

Address _____

Parent(s) Name _____ Email _____

Home Phone _____ Mobile Phone _____

Treat patient + Refer back / Treat patient + Continue until adulthood

Reason for Referral

- o Caries
- o Trauma
- o Mesiodens
- o Medical Concerns
- o Behaviour / Sedation
- o Lip / Tongue Tie

Dental Insurance Information

1st Policy Holder _____ Date of Birth _____

Employer _____ INS CO _____

GROUP _____ ID# _____ BASIC% _____

Plan Maximum $ _____ Used to Date _____

2nd Policy Holder _____ Date of Birth _____

Employer _____ INS CO _____

GROUP _____ ID# _____ BASIC% _____

Plan Maximum $ _____ Used to Date _____

Please forward radiograph with the referral

- o Enclosed
- o With Patient
- o Emailed
- o None

_____ _____ _____

Referring Doctor Tel Date

Pediatric Dentistry