



Dr. Jennifer Coutu | Certified Specialist in Pediatric Dentistry
Find us at: 16 - 3105 31st St. Vernon, BC, V1T 5H9
Contact us at: vernonkidsdentist@gmail.com | 250-542-5451

REQUEST FOR CONSULTATION:

Patient's Full Name: _____

DOB (dd/mm/yy): _____ - _____ - _____ Care Card #/ PHN: _____ - _____ - _____

Home Address: _____

City/Town: _____ Postal Code: _____

Parent/ Guardian Names: _____

Phone #: _____ - _____ - _____

Email: _____

Insurance: YES / NO

Dual Insurance: YES / NO

Dental Insurance Company (1st Carrier): _____

Insured Name: _____ Date of Birth: _____

Policy/ Group #: _____ Employer ID#/ Subscriber ID#: _____

REASON FOR REFERRAL:

Consult for Treatment

Special Needs

Sedation with Nitrous Oxide

General Anesthesia

Additional Information/ Findings:

Have X-Rays been taken? YES / NO

Date Taken: _____

Please forward any radiographs taken in the last year to
vernonkidsdentist@gmail.com

Referring Doctor:

Clinic Email/ Clinic Phone #: