



WOODROFFE PEDIATRIC DENTISTRY

1637 Woodroffe Ave. Suite 302 Ottawa, ON K2G 1W2

(613)226-6634 Fax (613)226-1125

www.woodroffepediatricdentistry.ca

302wpd@bellnet.ca

Dr. Gordon L. Roberts Dr. Ngoc Luong Dr. Aline Dufresne Dr. Mahta Hazavch

DATE / /
 D M Y

Patient Name _____ DOB / / M / F
 D M Y (circle)

Parent/Guardian Names _____

Tel (H) _____ (C) _____

E-mail _____ Insurance _____

Last Dental Visit / / Treatment Performed: _____
 D M Y

How Did Child Respond? _____

Referral For: Consultation Restoration Regular Care

Radio graphs: Forwarded With Patient None

Treatment Required: _____

Referred By: _____ TEL# _____

Email _____ Fax# _____

Child currently in pain? YES NO

Any additional information we should be aware of to help take care of this child.

Cancellation Policy: We require a 48 hour notice for any cancellations or changes to appointments by phone.

Payment: Payment is due in full at each visit. We accept Visa, MasterCard, Debit Card and Cash. We will act on your behalf to provide your insurance company with all necessary information to ensure that you receive any coverage to which you are entitled.