SMILE GARDEN

Dentistry from infancy to adolescence

Dr. Becky Olacke DMD MSD FRCD(C) Paediatric Dentist
Dr. Shannon Butler DDS MS FRCD(C) Paediatric Dentist
& Paediatric Associates

Date _____

Name _____ DOB _____

Parent / Guardian (s) _____

Telephone (1) _____ (2) _____ (3) _____
Please provide two contact numbers.

Medical History ☐ Healthy Describe _____

Dental Benefits ☐ Private ☐ HSO / DCSP ☐ None

How can we help? ☐ Consult ☐ Treatment ☐ All

_____

_____

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IMPORTANT – Please Help us to Triage your Patient

Urgency	☐ Trauma	☐ Swelling	☐ Severe Pain	☐ Antibiotic Rx
Treatment Attempted	☐ No	☐ Yes	☐ Nitrous Oxide	☐ Oral Sedation
Cooperation	☐ Poor	☐ Fair	☐ Good	
Parental Expectation	☐ Nitrous Oxide		☐ General Anesthetic	☐ Not Discussed
Radiographs	☐ No	☐ Yes	☐ Emailed	☐ Mailed
	Type _____		Date _____	

If this referral is an emergency please contact our office by phone.
Please advise families the first visit is for a consultation only.

Referring Dentist _____ Office _____

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3 Applewood Drive, Belleville ON K8P 4E3
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