Dr. Tila Bahri Iraei
DMD, MSc, FRCD(C)
Certified Specialist in Pediatric Dentistry

Date: / /

Patient Referral Form

Patient Information

Patient's Name (Required)

First | Middle | Last

Gender (Required)

- ○ Male
- ○ Female
- ○ Other

Legal Guardian's Name

Patient's Date of Birth

Mailing Address

Street Address

Province | City | Postal Code | Phone (Required)

Referring Doctor Information

Name / Office (Required) | Date of Referral | Phone (Required) | Email (Required)

Reasons for Referral (Required)

- ☐ Anxiety
- ☐ Pain
- ☐ Sedation
- ☐ Medical Concern
- ☐ Restorative Work Required
- ☐ Previous Negative Experience
- ☐ Specific Concern
- ☐ Other

Please check off all that applies

- ☐ Provide treatment for all dental issues found
- ☐ Call to discuss referral
- ☐ Treat patient and refer-back
- ☐ Treat patient and continue to see until adulthood

Radiographs

Does the patient have radiographs? (Required)

○ Yes ○ None

Date of radiographs

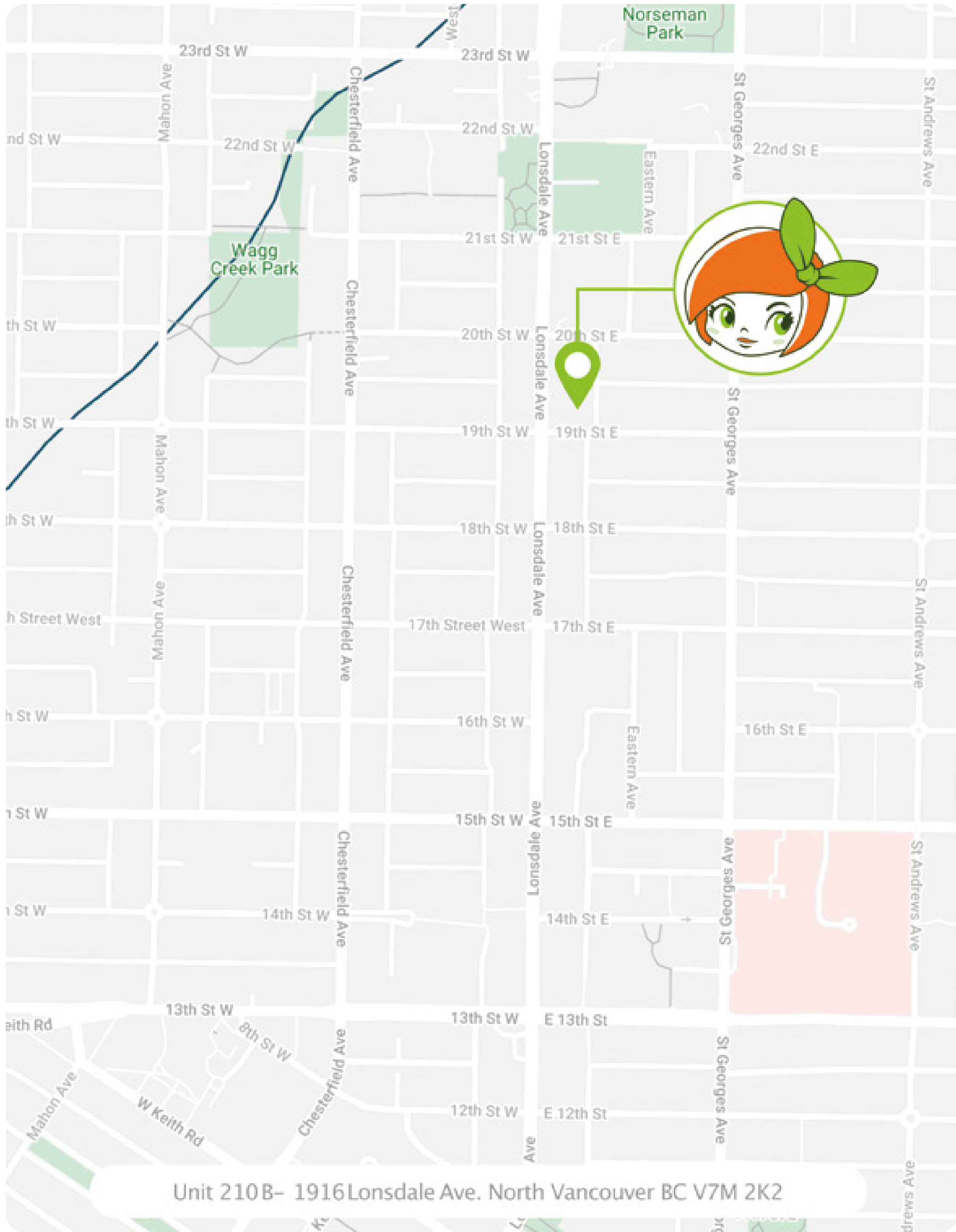
Type of Radiographs

- ☐ Bitewings
- ☐ Panoramic
- ☐ Periapical
- ☐ Other

Radiographs are sent:

☐ By E-mail ☐ By mail ☐ With patient ☐ Other

Comments



Norseman Park
23rd St W
23rd St W
Mahon Ave
Chesterfield Ave
St Georges Ave
St Andrews Ave
22nd St W
22nd St W
22nd St E
Lonsdale Ave
Eastern Ave
Wagg Creek Park
21st St W
21st St E
20th St W
20th St E
19th St W
19th St E
18th St W
18th St E
17th Street West
17th St E
16th St W
16th St E
15th St W
15th St E
14th St W
14th St E
13th St W
13th St W
E 13th St
8th St W
W Keith Rd
12th St W
E 12th St
Unit 210 B– 1916 Lonsdale Ave. North Vancouver BC V7M 2K2