P)ease note: Use Ctr)+Z to Undo a mistake,

Windermere Pediatric Dentistry

Dr. Mai Diab DDS, MSc, FRCD (C)

Registered Specialist in
Pediatric Dentistry

#201, 316 Windermere Road NW
Edmonton, AB T6W 2Z8

T (780) 484-5667
F (780) 484 5681
E· referrals@windermerepd.ca

Signature

____

Date: ______________________

Patient Name: LAST Date of Birth (D/M/Y) ______________

Male ○ Female ○

Parent: IRST AST Date of Birth (D/M/Y) ______________

Address: ____

City # ______________________ Postal Code # ______________

Tel # ______________________ Cell #

Email: ______________________ Business # ______________

Insurance Company ADSC/NIHB/CHB # ______________

Policy: ____________ ID· ____________ Holder: ____________

Consult ○ Emergency ○ General Anesthesia ○ Sedation ○

Consult & general anesthesia same day ○ ______________________

Referral Notes ____

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Please email X-rays to **referrals@windermerepd.ca**

Referring Doctor/hygienist/health clinic: ______________________

Tel # Email: ______________________