



Kidz-Teeth
SPECIALIST PAEDIATRIC DENTISTS

21 St Johns Road, Meadowbank, Auckland
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kidzteeth@lumino.co.nz

Referral Form

Patient Details			
Name			
Date of Birth			
Address			
Phone ()			
Mobile ()			
Email			
Parent/Guardian Names			
Problem List			
Dental Caries	<input type="checkbox"/> Yes	Which Teeth?	
Hypomineralised Teeth	<input type="checkbox"/> Primary	<input type="checkbox"/> Permanent	
Trauma Related	<input type="checkbox"/> Yes	Which Teeth?	
Date of Accident		<input type="checkbox"/> ACC Number	
Previous Dental Experiences			
Behaviour	<input type="checkbox"/> Calm / Cooperative	<input type="checkbox"/> Uncooperative	<input type="checkbox"/> Anxious
Probable General Anaesthetic Required	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure	
Radiographs Taken and Enclosed			
PBWs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
OPG	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Referring Dentist			
Name			
Address			
Phone			
Email			