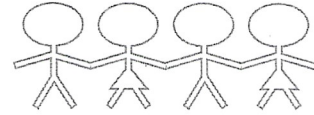


COQUITLAM CHILDREN'S DENTISTRY

Dr. Christine N. Kim Inc.

DMD, CAGS, FRCD(C)

Certified Specialist in Pediatric Dentistry



Introducing: _____ Date of Referral: _____

Date of Birth: _____ Referring Dr.: _____

Parent/ Guardian: _____ Referring Dr. Phone: _____

Phone: _____ Reason for Referral: _____

Medical History: _____

Insurance Info: _____

X-rays:

mailed sent with patient not possible

Referred for:

specific treatment continuation of care

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