

## DENTAL SERVICES REFERRAL (AGES 0-47 MONTHS)

Patient Name (last) \_\_\_\_\_  
 (first) \_\_\_\_\_  
 DOB (dd/mmm/yyyy) \_\_\_\_\_  
 PHN \_\_\_\_\_ MRN \_\_\_\_\_  
 Account / Visit # \_\_\_\_\_  
**IH USE ONLY**

Client's Last Name		Client's First Name		
Birth Date (dd/mmm/yyyy)		PHN		
Referral Source (Please include contact information below)				
Email Address			Phone	
<b>Name of Primary Caregiver</b>		<b>Relationship to Client</b>	<b>Most Convenient Phone</b>	<b>Legal Guardian?</b>
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
Language(s) Spoken at Home:			Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Referral Reason:</b>				
Date (dd/mmm/yyyy)	Time (24 hour)	Printed Name / Signature	Initials	Designation / College ID #

**Fax this request for service to the nearest Allied Health Early Childhood Development Dental Program.  
 Main office locations are listed below.**

Region	Location	Phone	Fax
<input type="checkbox"/> Cranbrook	Cranbrook Health Centre / Rocky Mountain Lodge	250-420-2200	250-420-2295
<input type="checkbox"/> Kamloops	Kamloops Health Centre	250-851-7337	250-851-7462
<input type="checkbox"/> Kelowna	Community Health & Services Centre	250-469-7070 Ext. 12074	250-868-7809
<input type="checkbox"/> Kootenay Boundary Region	Kiro Wellness Centre / Nelson Health Centre	250-505-7244	250-505-7211
<input type="checkbox"/> Penticton	Penticton Health Centre	250-770-3434	250-770-3410
<input type="checkbox"/> Salmon Arm	Salmon Arm Health Centre	250-833-4100	250-833-4117
<input type="checkbox"/> Vernon	Vernon Health Centre	250-549-5700	250-549-5711
<input type="checkbox"/> Williams Lake	Williams Lake Health Centre	250-302-5000	250-302-5035

Permanent part of the health record