



**Tam Orthodontics &
Pediatric Dentistry**

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Consultation Request

Vancouver office Delta office
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Tel: 604-872-8712 Tel: 604-507-8722

Today's Date: _____

Patient Name: _____

Address: _____

Phone: _____

Email: _____

Request Details

- Pediatric Dentistry Care
 Orthodontic Consultation and Care
 Sedation / General Anesthesia

Comments: _____

Radiographs included? Yes No

Referring Dentist: _____

Address: _____

Phone: _____

Fax: _____