



107-22420 Dewdney Trunk Rd.
 Maple Ridge, BC V2X 3J5
 Phone: 604 349 5430
 Fax: 1 888 607 7153
 info@mapleridgedentistry4kids.com
 www.mapleridgedentistry4kids.com

Dr. Liat Tzur Gadassi
 Certified Specialist in Orthodontics

Date: _____

First + Last Name: _____

Age/Birthdate (mm/dd/yr): _____

Parent/Guardian: _____

Phone: (H) _____ (C) _____

Radiographs Available: YES NO

Please check the desired evaluation:

- Orthodontic Evaluation
- Space Maintenance Evaluation
- Facial Growth/Development Imbalance
- Ectopic Tooth Eruption
- Orthodontic/Orthognathic Surgical Evaluation
- TMJ/Facial Pain Evaluation
- Other: _____

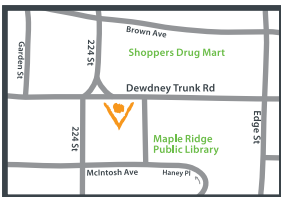
Comments: _____

Referring Office: _____

Phone: _____

Referring Doctor: _____

Your visit is booked for: _____



MAPLE RIDGE DENTISTRY 4 KIDS

Dr. Nancy Vertel

Certified Specialist - Restricted to Pediatric Dentistry
 Owner

Dr. Zina Alkafaji

Certified Specialist in Pediatric Dentistry

Dr. Christina Chan

Certified Specialist in Pediatric Dentistry

Dr. Liat Tzur Gadassi

Certified Specialist in Orthodontics



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