



Dr German Ramirez-Yanez & Associates

Patient Referral

Introducing _____ Age _____ Phone Number _____

X-Rays E-mailed Sent with patient To be taken upon arrival

Medical Alert

[Empty box for Medical Alert]

Referring Doctor _____

Address _____

Telephone Number _____

Please provide complete care
Consultation Request (Specify)
Treatment Request (Specify)

[Empty box for additional notes]

Caring for kids from birth through childhood

Well baby visits from birth, Myofunctional Interceptive Orthodontics, Pain, Trauma
Early Childhood Caries, Special Needs Children

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