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SEDATION & GENERAL DENTISTRY

Creating Beautiful Smiles

#201 - 3334 - 30th Avenue, Vernon, BC V1T 2C8
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Referral Introduction

Patient Name: _____ Birth date: _____

Address: _____

Postal Code: _____

Telephone # (res) _____ Business # _____

Cell # _____ Other Contact # _____

Date of Referral: _____

Referred by Dr.: _____ Phone: _____

Insurance Co.: _____

Name of Policy Holder: _____

Date of Birth of Policy Holder: _____

Certificate/Group #: _____ ID No.: _____

Appointment Scheduled for _____ at _____

Patient will call for appointment

Please call patient for appointment

Radiographs:

Enclosed

Given to patient

Not taken

Reason for Referral _____

Comments: _____

Please retain patient for continued care

Please return patient once treatment completed

Please fax or mail this referral to our office. Retain a copy for your records.