DR. DALEN QUINTON, B.Sc., D.D.S
SEDATION & GENERAL DENTISTRY
Creating Beautiful Smiles
#201 - 3334 – 30th Avenue, Vernon, BC V1T 2C8
Telephone: 250-542-2776
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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.