VANCOUVER
DENTAL GROUP

GROUP PRACTICE FOCUSED ON
ORAL SURGERY, SEDATION, IMPLANTS, ROOT CANAL TREATMENT,
PEDIATRIC DENTISTRY FOR CHILDREN OF ALL AGES

PLEASE EMAIL COMPLETED FORM TO
CARE@VANCOUVERDENTALGROUP.CA

PATIENT INFORMATION

PATIENT NAME ..... D.O.B .....

PARENT OR GUARDIAN'S NAME .....

ADDRESS .....

PHONE—HOME ..... PHONE—CELL .....

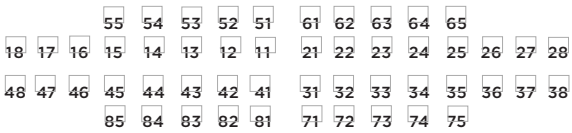
PURPOSE OF REFERRAL

- ☐ PEDIATRIC DENTISTRY
- ☐ ROOT CANAL TREATMENT
- ☐ WISDOM TOOTH EXTRACTION
- ☐ SEDATION
- ☐ IMPLANTS
- ☐ GUM SURGERY
- ☐ OTHER .....

RADIOGRAPHS

- ☐ ENCLOSED
- ☐ GIVEN TO PARENT OR GUARDIAN
- ☐ EMAILED
- ☐ TAKE AS NEEDED

TREATMENT



REFERRING DOCTOR'S COMMENTS

.....

.....

.....

.....

REFERRING DOCTOR ..... DATE .....

REFERRING OFFICE—PHONE .....

THE ART AND THE SCIENCE OF DENTISTRY

2217 WEST BROADWAY, VANCOUVER BC V6K 2E4
T 604.568.7005 F 604.733.5229 E CARE@VANCOUVERDENTALGROUP.CA
VANCOUVERDENTALGROUP.CA

OFFICE POLICIES You must give 2 business days notice for cancellations or change of appointment to avoid a charge of $75.00 to your account. All minors must be accompanied by an adult for the consultation appointment. Please bring this referral to appointment.