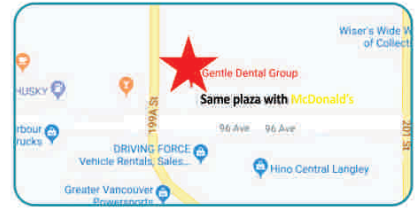




Referral for IV Sedation www.gdglangley.ca

Dr. Paul Dhillon
 Gentle Dental Langley
 19963 - 96 Ave,
 Langley, BC V1M 3C6
 Ph: 604-371-0801
 contact@gdglangley.ca



Section for Staff

Referring Dr. _____ Date DD / MM / YYYY
 Referring Office Phone no. _____ Email _____

Patient Information

Patient Name _____ Date of Birth DD / MM / YYYY
 Address _____ Postal Code _____
 Contact *Cell* _____ *Home* _____

Dental Insurance No Group Insurance (1st) Group Insurance (2nd) MSP NIHB
 (no. _____) (no. _____)

Primary Ins Company _____ Primary Ins Holder _____
 Relationship with Insurance Holder Self Spouse Common-Law Parents Child
 Plan Holder's Name _____ Plan Holder's Date of Birth DD / MM / YYYY
 Plan/Group no. _____ ID/Certificate no. _____

Secondary Ins Company _____ Primary Ins Holder _____
 Relationship with Insurance Holder Self Spouse Common-Law Parents Child
 Plan Holder's Name _____ Plan Holder's Date of Birth DD / MM / YYYY
 Plan/Group no. _____ ID/Certificate no. _____

Section for Dentist

Reason for Referral Appointment ASAP Elective Consultation/Exam only

Comments _____

X-ray Enclosed No Emailed Panorama PA BW

Treatment Extraction Restoration Implant Provide Tx as necessary
 Other _____

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
			55	54	53	52	51	61	62	63	64	65			
			85	84	83	82	81	71	72	73	74	75			
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Signature of Referring Dentist _____

Please send more Referral slips