

Maple Place

DENTAL CENTRE

#106-22971 Dewdney Trunk Rd., Maple Ridge, BC V2X 3K8
Tel: 604-466-2933

We are Referring

Patient: _____ DOB: _____
Address: _____
City: _____ Postal Code: _____
Home Phone: _____ Bus/Cell: _____
Ins. Comp: _____ Group#: _____ ID#: _____
Policy Holder: _____ DOB: _____

Reason for Referral: Sedation

- ☐ Consult ☐ Treatment (consult has been completed) ☐ Consult & Treatment
☐ Oral Sedation ☐ IV Sedation
☐ Adult ☐ Child ☐ Removal of remaining 3rd molars
☐ Extractions as marked ☐ Biopsy or Management of Cyst/Tumor
☐ TMJ non surgical only ☐ Implants single tooth replacement
☐ Implants for Bridge ☐ Implants for Dentures

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Radiographs: ☐ Enclosed or E-mailed ☐ Not Available
Medical History: ☐ Enclosed or E-mailed ☐ Not Available
Treatment Estimate: ☐ Enclosed or E-mailed ☐ Not Available

(If consult has been completed)

Comments: _____

Referred by

Dr.: _____
Address: _____
Phone: _____ Date: _____