



**Patient Information**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Business): \_\_\_\_\_ (Cell): \_\_\_\_\_

**Insurance Information**

Company: \_\_\_\_\_ Policy Holder: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Group/Plan #: \_\_\_\_\_ Certification #: \_\_\_\_\_  This patient has 2ry insurance

Referred by: \_\_\_\_\_ Practice Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_  We need more referral pads for future use\*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Radiographs**  Enclosed  With Patient  Mailed Separately  
 E-mailed  None

**Contact**  Please call this patient to arrange the consultation  
 This patient will call your office to arrange the consultation

**Location**  North - 9948 153 Ave NW. Edmonton, AB T5X 6A4  
 South - 102 - 4222 Gateway Blvd. Edmonton, AB T6J 7K1

**Orthodontics**

- Orthodontic Examination/Consultation
- Early Orthodontic Treatment
- Habit Correction Treatment
- Dentofacial Orthopedics
- Impacted Teeth
- Sleep Apnea
- Temporo-Mandibular Joint Disorder
- Surgical Orthodontics
- Other \_\_\_\_\_

**Pediatric Dentistry**

- Pediatric Examination/Consultation
- Early Preventive Treatment
- Tooth Extraction
- Early Childhood Caries
- Rampant Caries
- Nitrous Oxide Sedation
- General Anesthesia
- Special Needs
- Other \_\_\_\_\_