

kelowna dental centre

www.kelowna-dental-centre.ca



100-2033 Gordon Drive Kelowna, B.C. V1Y 3J2
Tel: (250)-860-1414 Fax: (250)-868-2171
info@kelowna-dental-centre.ca



PATIENT INFORMATION

Name _____ Date _____

Address _____

Home Phone _____ Cell Phone _____

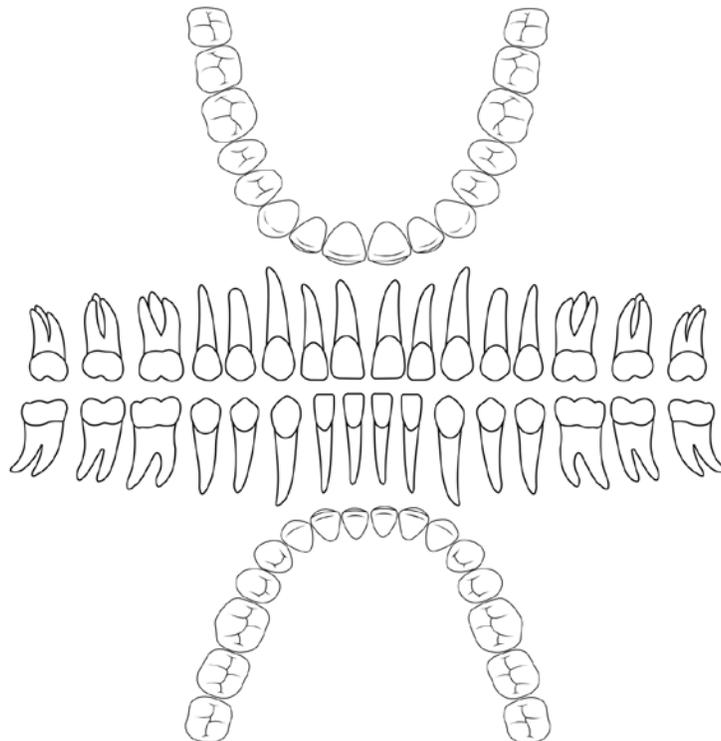
Work Phone _____ D.O.B _____ Age _____

Parent/Guardian _____ Phone _____

Patient/Parent/Guardian Email _____



AREA OF CONCERN





SERVICES REQUESTED

- Implant Surgery
- Endodontic Treatment
Including Re-Treatment
- SOLEA Laser Treatment
- CBCT Imaging
- Botox
- E-Consultation
- Tooth Removal
- Wisdom Tooth Extractions
- Surgery
*Including Bone & Gum Grafting
PRP/PRF*
- Other

SEDATION

- IV Sedation
- Nitrous Oxide
- Oral Sedation



REFERRAL INFORMATION

Referred by Dr. _____

Phone _____ Date _____

Referring Doctor's Email _____

	Dr. Michael Webster	Referring Doctor
SURGERY	<input type="checkbox"/>	<input type="checkbox"/>
PROSTHETICS	<input type="checkbox"/>	<input type="checkbox"/>
MAINTENANCE	<input type="checkbox"/>	<input type="checkbox"/>



DOCTOR'S COMMENTS / RELEVANT HISTORY

Date of patient's last hygiene appointment _____

Dr. Webster recommends patients have a recent hygiene appointment prior to treatment, aesthetic or surgical. *This hygiene appointment would typically be completed at the referring office.*



We also ask you please provide us with any relevant photos or radiographs and date(s) acquired