

# Dental Patient Referral Form



Referral To :  Dr. Albert Tung  Other : \_\_\_\_\_

Patient Name : \_\_\_\_\_ DOB : \_\_\_\_\_  
Last First (mm/dd/yyyy)

Phone : \_\_\_\_\_ Email : \_\_\_\_\_

Name of Insured Company : \_\_\_\_\_ Group #: \_\_\_\_\_

### Referral Reason :

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Motor Vehicle Accident - Complete Diagnosis, Report and treatment  | <input type="checkbox"/> Implants                                  | <input type="checkbox"/> Complicated Root Canal Treatments |
| <input type="checkbox"/> Sedation Dentistry<br><input type="checkbox"/> Oral Sedation<br><input type="checkbox"/> IV sedation<br><input type="checkbox"/> General Anaesthetic | <input type="checkbox"/> Full Mouth Reconstruction                 | <input type="checkbox"/> Laser Gum Surgeries               |
| <input type="checkbox"/> Difficult Wisdom Teeth Extractions   | <input type="checkbox"/> Bone Grafting (Vertical/Horizontal)       | <input type="checkbox"/> Gingival Grafts                   |
| <input type="checkbox"/> Pediatric Dentistry  | <input type="checkbox"/> Sinus Lifts (Internal/External)           | <input type="checkbox"/> Cone Beam CT Scans                |
|   | <input type="checkbox"/> VELscope® (Oral Cancer Assessment System) | <input type="checkbox"/> Occlusal TMJ Dysfunctions         |
|   | <input type="checkbox"/> Orthodontics                              | <input type="checkbox"/> Expose/ Bond Impacted Teeth       |

Others/ Remarks : \_\_\_\_\_

Referred by: \_\_\_\_\_ Referred Date: \_\_\_\_\_

Referring office: \_\_\_\_\_ Office tel: \_\_\_\_\_

### X-rays:

- Given to Patient  Emailed to info@bdcdental.ca  In Mail

Thank you for your referral. Please email / fax this form to BDC Dental. We will do our best to contact the patient as soon as possible.

**3919 Brentwood Rd N.W. Calgary, AB T2L 1L1**

Phone: (403)289-9922 Fax: (403)220-0670 info@bdcdental.ca www.bdcdental.ca



## New Patient Guide

### Welcome to BDC Dental!

1. Call us to schedule an appointment
2. Complete online new patient form sent to your email



bdcdental.ca

## Book An Appointment

**(403)289-9922**

Fax: (403)220-0670

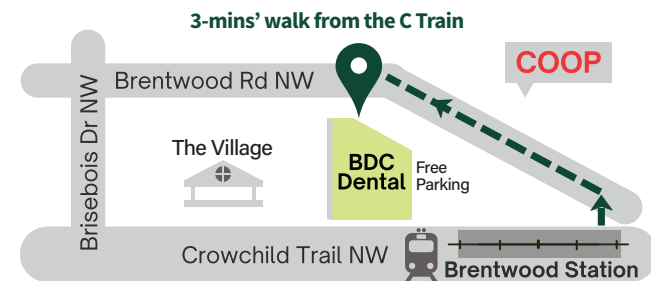
Email: info@bdcdental.ca

Website: www.bdcdental.ca

Monday 8:00am-7:00pm  
 Tuesday 8:00am-5:00pm  
 Wednesday 8:00am-5:00pm  
 Thursday 8:00am-5:00pm  
 Friday 8:00am-5:00pm  
 Saturday 8:00am-5:00pm  
 Sunday 8:00am-3:30pm

\*More evening hours on our website

## 3919 BRENTWOOD RD NW CALGARY AB T2L 1L1



✓ 20+ Years Of Experience

✓ Follow ADA Fee Guide

✓ Direct Billing To Insurance

✓ English / 廣東話 / 普通話

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