

LEIGH SMILE CENTER

DR. TIMOTHY BARTER

GENERAL DENTISTRY / SEDATION DENTISTRY

www.leighsmilecenter.com

9911-107 Street, Westlock, AB
T7P2K5 **780-349-6700**

PATIENT REFERRAL

DATE: _____ PHONE: _____

PATIENT NAME: _____ D.O.B. _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

REASON FOR REFERRAL:

EXTRACTION:

IMPLANTS:

WISDOM TEETH:

BONE/SOFT TISSUE GRAFTING:

OTHER:

CONSULT WITH SURGERY SAME DAY:

NOTES: _____

NOTES: _____

SEDATION REQUESTED

ORAL SEDATION:

IV SEDATION:

NONE:

XRAYS/PAN ATTACHED:

WITH PATIENT:

NONE:

REFERRING DOCTOR: _____

PHONE: _____

ALL IMPLANT RELATED FEES ARE NON-ASSIGNMENT

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