Consultation Request

DATE ...../...../.....

MICHELLE McINTOSH *IVS/GA Restorations*
General Dentist

PATIENT .....

ADDRESS .....

CITY/TOWN ..... POSTAL CODE .....

PHONE (RES.) ..... (BUS.) .....

DATE OF BIRTH ...../...../..... A.H.C. # ..... – .....

Dental Insurance Company (1st) ..... *(2nd)* .....

Group & Policy # ....

Certificate or Coverage # ....

Employer ....

Employee ....

Ins. Holder's Date of Birth ....

MEDICAL HISTORY .....

.....

REFERRED FOR THE FOLLOWING .....

.....

RADIOGRAPHS AVAILABLE: *Yes* ○ *No* ○ DIGITAL: *Yes* ○ *No* ○

REFERRED BY .....

NOTES .....

.....

LETHBRIDGE DENTAL SURGICAL SUITES
Improving the Lives of Our Patients

511 - 5 STREET SOUTH, LETHBRIDGE, ALBERTA T1J 2B9
p 403 327 7202 *toll free* 1 877 627 7202 *f* 403 327 7220
e INFO@ABLEDENTALGROUP.COM
ABLEDENTALGROUP.COM