reflections
DENTAL HEALTH CENTRE

717 Harrow St, Winnipeg, MB R3M 2M2 | info@reflectionsdentalhealth.ca
(204) 777-6453 | www.reflectionsdentalhealth.ca

REFERRAL FORM

PATIENT INFORMATION

Date: _____

Patient's Name: _____ DOB: _____

Address: _____
STREET CITY PROV. POSTAL CODE

Phone: _____

Insurance Details: _____

REFERRED BY:

Dentist: _____

Phone: _____

Email: _____

REFERRED FOR:

Tooth/Area of Concern: _____

☐ **IV sedation** 16 years & above

☐ **Oral sedation**

Restorative:

- ☐ Composite veneer
- ☐ Porcelain veneers
- ☐ Crown and Bridge
- ☐ Full mouth rehabilitation - dentulous
- ☐ Implant restorations

Surgery:

- ☐ Wisdom teeth extraction
- ☐ Tooth extraction
- ☐ Implant placement (including surgical guide)
- ☐ Implant-supported, removable or fixed prostheses
- ☐ Immediate implant replacement - cosmetic area (with temporization
- ☐ Socket Grafting

ADDITIONAL NOTES:

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Enclosures: ☐ Radiograph/s ☐ CBCT ☐ H.H. ☐ Others

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Authorised Signatory