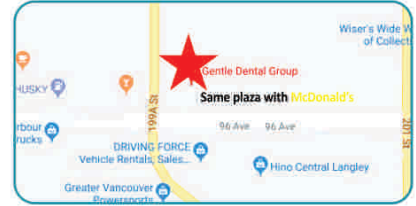




# Referral for IV Sedation [www.gdglangley.ca](http://www.gdglangley.ca)

Dr. Paul Dhillon  
 Gentle Dental Langley  
 19963 - 96 Ave,  
 Langley, BC V1M 3C6  
 Ph: 604-371-0801  
 contact@gdglangley.ca



## Section for Staff

Referring Dr. \_\_\_\_\_ Date DD / MM / YYYY  
 Referring Office Phone no. \_\_\_\_\_ Email \_\_\_\_\_

## Patient Information

Patient Name \_\_\_\_\_ Date of Birth DD / MM / YYYY  
 Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Contact *Cell* \_\_\_\_\_ *Home* \_\_\_\_\_

Dental Insurance  No  Group Insurance (1<sup>st</sup>)  Group Insurance (2<sup>nd</sup>)  MSP  NIHB  
 (no. \_\_\_\_\_) (no. \_\_\_\_\_)

Primary Ins Company \_\_\_\_\_ Primary Ins Holder \_\_\_\_\_  
 Relationship with Insurance Holder  Self  Spouse  Common-Law  Parents  Child  
 Plan Holder's Name \_\_\_\_\_ Plan Holder's Date of Birth DD / MM / YYYY  
 Plan/Group no. \_\_\_\_\_ ID/Certificate no. \_\_\_\_\_

Secondary Ins Company \_\_\_\_\_ Primary Ins Holder \_\_\_\_\_  
 Relationship with Insurance Holder  Self  Spouse  Common-Law  Parents  Child  
 Plan Holder's Name \_\_\_\_\_ Plan Holder's Date of Birth DD / MM / YYYY  
 Plan/Group no. \_\_\_\_\_ ID/Certificate no. \_\_\_\_\_

## Section for Dentist

Reason for Referral Appointment  ASAP  Elective  Consultation/Exam only

Comments \_\_\_\_\_

X-ray Enclosed  No  Emailed  Panorama  PA  BW

Treatment  Extraction  Restoration  Implant  Provide Tx as necessary  
 Other \_\_\_\_\_

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
			55	54	53	52	51	61	62	63	64	65			
			85	84	83	82	81	71	72	73	74	75			
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Signature of Referring Dentist \_\_\_\_\_

Please send more Referral slips