



**GATEWAY DENTISTRY**  
**GROUP**

**CERTIFIED NON-HOSPITAL SURGICAL  
FACILITY INSPECTED AND APPROVED  
BY THE COLLEGE OF PHYSICIANS AND  
SURGEONS OF ALBERTA**

PH: (780) 539-3555 | FX: (780) 539-3554  
#201 - 11002 104 AVE. GRANDE PRAIRIE, AB T8V 7W5

www.gatewaydentistrygroup.ca

Introducing: \_\_\_\_\_ Date: \_\_\_\_\_  
 Complete Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (Age: \_\_\_\_\_)  
 Parent / Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Insurance:  No  Yes \_\_\_\_\_  
 AHC # / BCC #: \_\_\_\_\_

**SERVICE REQUESTED**

- Tooth Extraction     Restorative Dentistry     Implant Surgery     Implant Prosthetics  
 Botox® or Dysport®     Cone Beam Imaging     Pediatric Dental Treatment  
 Periodontal Treatment (**Dr. Disha Nagpal, Periodontist - see below**)

**Referred for Periodontal: (Dr. Disha Nagpal)**

- Complete Periodontal Examination  
 Dental Implant Therapy Site(s): \_\_\_\_\_  
 Specific Examination Regarding:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Crown Lengthening Site(s): \_\_\_\_\_  
 Gum Grafting Site(s): \_\_\_\_\_

**RECORDS SENT**

- BW                       Pan                       Periapicals  
 None Available

**ATTEMPTED TREATMENT**

- Yes     No

**ANESTHESIA PREFERENCE**

- Local Anesthesia                       IV Sedation  
 General Anesthesia                       Nitrous  
 Oral Sedation (*16yrs or older*)

**AREA OF CONCERN**

				E	D	C	B	A	
				8	7	6	5	4	3
				2	1				
				8	7	6	5	4	3
				2	1				
						E	D	C	B
								A	

				A	B	C	D	E	
				1	2	3	4	5	6
				7	8				
				1	2	3	4	5	6
				7	8				
						A	B	C	D
								E	

Referred By: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SEE OTHER SIDE  
FOR MORE INFORMATION  
REGARDING YOUR PATIENT.**

