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:_____

Health Care Number:_____ Email:_____

Insurance: ❑ No ❑ Yes _____

SERVICE REQUESTED

❑ Pediatric Dental Treatment ❑ Restorative Dentistry ❑ Tooth Extraction

❑ Implant Surgery ❑ Implant Prosthetics ❑ Botox® or Dysport® ❑ Cone Beam Imaging

RECORDS SENT
(please include any xrays taken within one year of referral)

❑ BW ❑ Pan ❑ Periapicals

❑ None Available

ATTEMPTED TREATMENT

❑ Yes ❑ No

Pediatric Dental Treatment (2-12 Years)

❑ General Anesthesia ❑ Nitrous

Medical Issues:

❑ **> 97% on Growth Chart**

❑ Severe Sensitivites

❑ Autism

❑ Other

_____

_____

_____

General Sedation Dentistry (13+ Years)

❑ Local Anesthesia ❑ IV Sedation

❑ Oral Sedation ❑ Nitrous

Medical Issues:

❑ BMI > 40

❑ Other

_____

_____

_____

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.