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 ❑ Pediactric Dental Treatment

❑ Periodontal Treatment (**Dr. Mohammad Javaid, Periodontist** - see below)

Referred for Periodontal: (Dr. Mohammad Javaid)

❑ 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

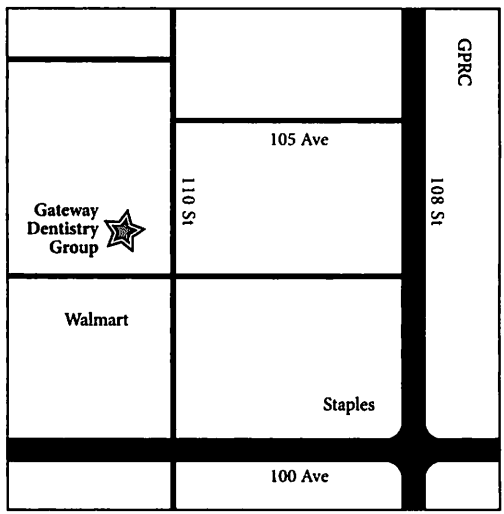
❑ Oral Sedation *(16yrs or older)*

AREA OF CONCERN

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

Referred By: _____

Phone: _____ Date: _____

PLEASE SEE OTHER SIDE FOR MORE INFORMATION REGARDING YOUR PATIENT.

DR.'S COMMENTS / RELEVANT HISTORY / ADDITIONAL CONSIDERATIONS (ALLERGIES)