Vancouver Island Dental Anesthesia

Unit 1 - 271 Ingram Street Duncan, BC V9L 1P3
Phone: (250) 748-1252
Fax: (250) 748-1566
Website: www.marciniak.ca

Please detach and give to Parent/Patient

Dental Anesthesia Referral and Treatment Request

Please fax 250-748-1566 or email to info@marciniak.ca

Date: ____________________

Patient's Name: ____________________

Date of Birth: ____________________

Daytime Phone: ____________________

Insurance Carrier: ____________________

Group#/ID: ____________________

Reason for Referral: ____________________

Please circle the teeth that require treatment

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

Please indicate work to be completed

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Radiographs: ❑ None available ❑ Mailed/Emailed (info@marciniak.ca) ❑ Given to Pt

Referred by: ____________________

Phone# : ____________________

Thank You