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- Viet Tran D.D.S
- Vaughn Resch D.D.S

Patient's Name: _____ Today's Date: _____
 DOB: _____ Phone: _____
 Email: _____ Cell : _____
 Insurance Company: _____ Policy Holder: _____
 Policy Number : _____ DOB : _____
 Member's ID Number _____

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
----- Please indicate Area of Concern -----															
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Referred For:

- IV Sedation
- Extractions/ Wisdom Teeth Extractions
- Dental Implants
- Bone Grafting / Sinus Lift
- Invisalign / Braces
- RCT
- Restorative
- CBCT Scan

Urgent Routine Consult only

Notes:

Records Sent: Send Digital X-rays to : uptown.dental@shaw.ca

Panorex Periapicals CBCT Scan Insurance Information

Date X-rays taken : _____

Referred by: _____

Phone : _____ Email: _____

- Please refer back to my office for final, permanent prosthetics on the implants
- Please complete the final, permanent prosthetics on the implants