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

Patient's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
DOB: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell : \_\_\_\_\_  
Address: \_\_\_\_\_  
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](mailto: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