TOTAL SLEEP DENTISTRY

Dr. Sepehr Zahedi
DDS, Msc (Anaesthesia)

1-4361 Kingsway, Burnaby, BC V5H 1Z9
Phone: 604-568-8898
Fax: 604-432-9231
Email: info@sleepdental.ca
www.sleepdental.ca

Patient's Name: _____ Referring Dr.: _____

Patient's Phone #: _____ Doctor's Phone #: _____

Tooth/Teeth To Be Evaluated:

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

Special Care Individually Tailored To Each Patient's Needs

Reason for Referral:

- ☐ Oral Surgery Extractions And Implants
- ☐ Restorative Dentistry
- ☐ Root Canal Therapy
- ☐ Pediatric Dentistry Ages 24 Months +
- ☐ Cosmetic Dentistry
- ☐ Implants

Radiographs

- ☐ X-Rays Mailed/Emailed
- ☐ X-Rays Sent with Patient
- ☐ Please take X-Rays

Special Instructions:

_____

_____

_____

_____

Appointment

- ☐ Patient will contact you
- ☐ Contact patient

Signature: _____ Date: _____

OPEN EVENINGS AND SATURDAYS
WE CHARGE BY BC GENERAL PRACTITIONER FEE GUIDE

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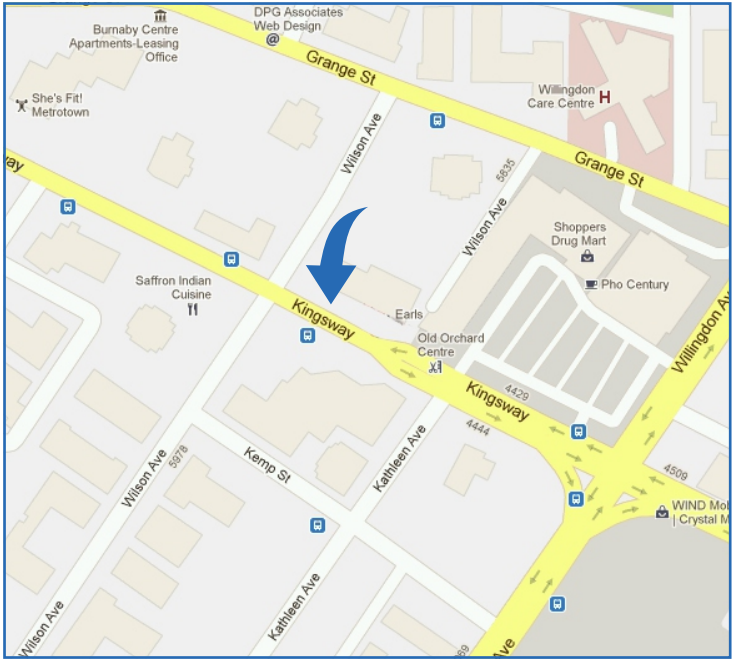

FREE PARKING SPACES AT BACK!