Dr. Dove
DENTAL OFFICE

612-55 Cedar Pointe Dr., Barrie, ON L4N 5R7
Tel.: 705-739-4433 Fax: 705-721-7952
Email: info@drdovedentistry.ca

Referring Doctor & Office: _____ Office phone: _____

Patient Information

Name:_____ Date of Birth: _____

Address:_____

Phone:_____

Reason for Referral

- ☐ Restorative
- ☐ Crown/Bridge/Veneers
- ☐ Endodontics
- ☐ Extraction/Wisdom teeth
- ☐ Implants
- ☐ Implant-supported dentures
- ☐ Difficulty with local anaesthetic?
- ☐ Anxiety/High gag reflex?

Sedation

- ☐ Yes, which one
  - ☐ Conscious sedation (N2O, oral/N2O, IV)
  - ☐ General Anesthesia (Suitable candidates: ASA I & II) NOTE: we do not treat social services (ODSP, OW, etc) under GA in office
- ☐ No

Treatment overview

_____
_____
_____
_____
_____

Medical history

_____
_____
_____
_____
_____

- ☐ Appointment booked _____
- ☐ Patient to call
- ☐ Call patient
- ☐ Radiographs ☐ Emailed ☐ Faxed ☐ Enclosed ☐ With patient ☐ None