

PROSTHODONTIC REFERRAL FORM

From: _____

Phone: _____

Email: _____

We are referring:

Patient: _____

Address: _____

Home Phone: _____

Work Phone: _____

Email: _____

Reason For Referral:

Relevant History: (Indicate any special factors – either dental or medical – such as known allergies, and specific medical problems relevant to diagnosis and treatment)

- | | |
|--|--|
| <input type="checkbox"/> Please call the patient | <input type="checkbox"/> Please report – written |
| <input type="checkbox"/> Patient will call | <input type="checkbox"/> Please report – by phone |
| <input type="checkbox"/> An appointment has been made | <input type="checkbox"/> Post-referral maintenance: <input type="checkbox"/> By Specialist |
| <input type="checkbox"/> Radio graphs are enclosed | <input type="checkbox"/> In this Office |
| <input type="checkbox"/> Please return radiographs after use | <input type="checkbox"/> To be discussed |
| <input type="checkbox"/> Notify on completion | <input type="checkbox"/> Other records are available |

Signed: _____

Date: _____

DIRECTIONS TO OUR OFFICE

We are conveniently located in southwest Calgary in the Beltline area of Mission*

We serve the Calgary community and surrounding area including:

- Okotoks, Cochrane, Airdrie, High River, Olds, Chestermere, Strathmore, Medicine Hat, Bragg Creek, and southern Alberta

Travel via Car:

- Parkade access on 23rd Avenue SW

- Metered and free 2 hour street parking in surrounding neighbourhood (subject to availability)

Public Transit:

- Located along the #3 Bus Route (4th Street SW)

- Train access via Erlton Stampede Station

**Our office is located
in Mission Centre.**

Suite 502, 2303 – 4th Street SW
Calgary, AB T2S 2S7
Phone: 1.403.228.9989
Fax: 1.888.528.6620
Email: info@keyprosthodontics.com

