

I.V. Sedation Available on All Treatments

tomleedental.com

Dr. TOM LEE Sedation Dental Group

Our Offices

☐ BURNABY

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☐ COAST MERIDIAN

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☐ LANGLEY

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103-19978 72nd Ave. Langley

☐ NEW WESTMINSTER

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243-800 Carnarvon St. New Westminster

Section for Staff

- Referring Dr. _____
- Referring Office Name _____
- Referring Office Phone no. _____
- Date DD / MM / YYYY

Patient Information

Patient Name Last _____ First _____ Date of Birth DD / MM / YYYY
Address _____ Postal Code _____
Contact Cell _____ Home _____

Dental Insurance ☐ No ☐ Group Insurance (1st) ☐ Group Insurance (2nd) ☐ MSP (no. _____) ☐ NIHB (no. _____)

Primary Ins Company _____ Primary Ins Holder _____
Relationship with Insurance Holder ☐ Self ☐ Spouse ☐ Common-Law ☐ Parents ☐ Child
Plan Holder's Name _____ Plan Holder's Date of Birth DD / MM / YYYY
Plan/Group no. _____ ID/Certificate no. _____

Secondary Ins Company _____ Secondary Ins Holder _____
Relationship with Insurance Holder ☐ Self ☐ Spouse ☐ Common-Law ☐ Parents ☐ Child
Plan Holder's Name _____ Plan Holder's Date of Birth DD / MM / YYYY
Plan/Group no. _____ ID/Certificate no. _____

Section for Dentist

Medical Information ☐ Mental / Physical Issue ☐ Patient is on wheelchair ☐ Dental Anxiety
☐ Hard to anesthetize ☐ Gagging Issue

X-ray Enclosed ☐ No ☐ Emailed ☐ Patient will bring the X-ray(s)

Type of X-ray ☐ Panorama ☐ CT ☐ PA ☐ BW *X-ray(s) was taken on D____M____Y____

Treatment needed ☐ I.V. Sedation ☐ Extraction ☐ Restoration ☐ RCT ☐ Crown / Bridge
☐ Implant ☐ Provide tx as necessary ☐ Other _____

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
			55	54	53	52	51	61	62	63	64	65			
			85	84	83	82	81	71	72	73	74	75			
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Comments _____

Signature of Referring Dentist _____