

# I.V. Sedation

## Available on All Treatment

### From Referring Office

Referring Dr.	
Office Name	
Phone number	
Request date	

### Patient Information

Patient name	Last name	First name
Contact		Date of Birth DD / MM / YYYY
Address		

### Dental Insurance - Primary

Insurance Company			Relationship with insurance holder	Self / Spouse / Parents / Child
Plan Holder's Name	Last name	First name	Plan Holder's DOB	DD / MM / YYYY
Plan/Policy no.			ID/Certificate no.	

### Dental Insurance - Secondary

Insurance Company			Relationship with insurance holder	Self / Spouse / Parents / Child
Plan Holder's Name	Last name	First name	Plan Holder's DOB	DD / MM / YYYY
Plan/Policy no.			ID/Certificate no.	

### Section for Dentist

Medical information	<input type="checkbox"/> Dental Anxiety <input type="checkbox"/> Gagging Issue <input type="checkbox"/> Hard to anesthetize <input type="checkbox"/> Patient is in wheelchair <input type="checkbox"/> Mental / Physical Issue							
X-ray(s) Enclosed	<input type="checkbox"/> NO <input type="checkbox"/> Emailed *X-ray(s) was taken on D____ M____ Y____ <input type="checkbox"/> Patient will bring the X-ray(s)							
Treatment needed	<input type="checkbox"/> I.V. Sedation <input type="checkbox"/> Extraction <input type="checkbox"/> Filling <input type="checkbox"/> RCT <input type="checkbox"/> Crown / Bridge <input type="checkbox"/> Implant <input type="checkbox"/> Denture							
	<input type="checkbox"/> Proceed with all necessary treatments <input type="checkbox"/> 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:

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### Signature of Referring Dentist:

## 4 Locations Available

Call: 604 514 6499  
 Fax: 604 514 6492  
 E: langley@tomleedental.com  
 19978 72nd Avenue #103  
 Langley BC V2Y 1R7

**LANGLEY**

Call: 604 568 2211  
 Fax: 604 568 6219  
 E: burnaby@tomleedental.com  
 3433 North Road #250  
 Burnaby BC V3J 0A9

**BURNABY**

Call: 604 525 1116  
 Fax: 604 525 1136  
 E: newwest@tomleedental.com  
 800 Carnarvon Street #243  
 New Westminster BC V3M 0G3

**NEW WESTMINSTER**

Call: 604 942 1110  
 Fax: 604 942 1139  
 E: coastmeridian@tomleedental.com  
 3380 David Ave #103  
 Coquitlam BC V3E 3G8

**COQUITLAM**

★ Please complete the form and send it to the preferred office above via fax or email