



Date _____

Phone: 250-338-5381
Fax: 250-338-2587
Email: smiles@driftwooddental.com

- General Anesthesia/Deep Sedation – Dr. Blake Richardson, MD, FRCPC
- IV Moderate Sedation – Dr. John McGaw, EMT-P, BSc, DDS
- Pediatric Dentistry – Dr. Alex Chen, BSc, DMD, FCDS(BC), FRCDC
- Endodontist – Dr. Eman Moradi, DDS, MSc, Board Certified Endodontist
- Denturist – Regan Adams, DD

Referring doctor: _____ Xrays emailed: Yes No

Patient name: _____ Xrays enclosed: Yes No

Male Female Patient DOB: _____ (m|d|yr) Care Card #: _____

Parent/Guardian: _____

Address: _____

Email: _____ Tel: _____ Cell: _____

Primary insurance details

Employer: _____

Carrier: _____

Group/ID # _____

Dependant # _____

Policy holder: _____

Date of birth: _____

Relationship to patient: _____

Secondary insurance details

Employer: _____

Carrier: _____

Group # _____

Dependant # _____

Policy holder: _____

Date of birth: _____

Relationship to patient: _____

Services required: _____

For the professional services of



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