Driftwood Dental

Committed to Dental Excellence

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

Date _____

☐ General Anesthesia/Deep Sedation – Anesthesiologist, MD, FRCPC
☐ Pediatric Dentistry – Dr. Alex Chen, BSc, DMD, FCDS(BC), FRCD(C)
☐ Endodontist – Dr. Eman Moradi, DDS, MSc, Board Certified Endodontist
☐ Prosthodontist – Dr. Sher Shah Shahab, BA, BDentSc, MSc, FRCD (C)
☐ IV Moderate Sedation – Dr. John McGaw, EMT-P, BSc, DDS
☐ Denturist – Regan Adams, DD ☐ Julie McGaw, 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

Policy holder: _____

Date of birth: _____

Employer: _____

Group #: _____

ID #: _____

Insurance Co.: _____

Relationship to patient: _____

Secondary insurance details

Policy holder: _____

Date of birth: _____

Employer: _____

Group #: _____

ID #: _____

Insurance Co.: _____

Relationship to patient: _____

Services required: _____

For the professional services of



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