

Dr. Wei Qian Inc.
 Dr. Jeffrey Coil Inc.

Dr. David Hemerling
 Dr. Ahmed Hieawy

Dr. Kiarash Shabehpour
 First doctor available

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Richmond, BC V7C 5L9
Tel: (604) 270-8754
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www.endobc.com

CERTIFIED SPECIALISTS IN ENDODONTICS

Introducing _____ DOB _____
mm/dd/yyyy

Remarks:

Patient phone #:(H) _____ (C) _____

Insurance: N Y (please provide details at the back of the form)

Please call patient Patient will call

Appointment already scheduled on

Tooth status

Pain Swelling Fistula Trauma

RCT started, please complete

Previously treated our / other office
_____ months / years ago

Recent filling / crown
_____ months / years ago

Crown to be placed / replaced

Tooth/Area of concern

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

Tooth # _____

After RCT

Please restore the access

Temporary

Permanent

Leave post space

Report

Email

Paper

Referred by Dr. _____

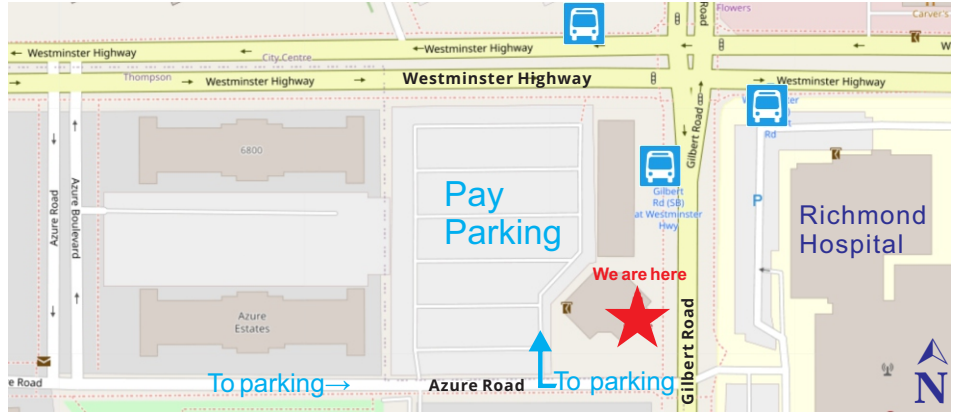
Signature: _____

Date: _____ (Y) _____ (M) _____ (D)

Office Phone #: _____

Please send more referral pads.

PDF referral form is available for download at www.endobc.com



Our office is located on the 8th floor of Richmond Health Sciences Center, right across the street from Richmond Hospital. Pay parking spaces are accessible **via Azure Road**. Bus 401 and 407 have stops very close to our building.

Please bring the following to your first appointment **if available**:

- List of medications and allergies;
- Dental insurance information;
- Referral note/ radiograph/ CBCT scan

Dental Insurance Information:

Primary _____
 Provider Policy# ID#

Secondary _____
 Provider Policy# ID#