



Date \_\_\_\_\_

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

- General Anesthesia/Deep Sedation – Anesthesiologist, MD, FRCPC
- IV Moderate Sedation – Dr. John McGaw, EMT-P, BSc, DDS
- Pediatric Dentistry – Dr. Alex Chen, BSc, DMD, FCDS(BC), FRCD©
- Endodontist – Dr. Eman Moradi, DDS, MSc, Board Certified Endodontist
- 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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