



Dr. Dagasso | Dr. Panther

REQUEST FOR AN ORTHODONTIC CONSULTATION

PLEASE SELECT:

☐ Dr. Dagasso ☐ Dr. Panther ☐ No Preference

PATIENT _____ GENDER _____ IDENTIFIES AS _____ BIRTHDATE (M/D/Y) _____

PARENT/GUARDIAN _____

ADDRESS _____

PHONE (HOME) _____ PHONE (CELL) _____ EMAIL _____

ADDITIONAL PHONE NUMBER(S) _____

CHIEF CONCERN:

Has a panoramic x-ray been taken? ☐ Yes ☐ No Date of x-ray: _____

☐ Our office is to contact patient for appointment ☐ Kamloops Location

☐ Patient will contact our office for appointment ☐ Merritt Location

DENTIST NAME _____

DATE _____

FROM THE PRACTICE OF _____

SEE REVERSE FOR INSURANCE INFO →

REFERRAL

*You have been referred to our office by your dentist for an orthodontic evaluation. **Please contact our office to schedule an appointment.** You will find a map on the reverse of this form to aid you in locating our office. As a courtesy to your dentist, there is no charge for the initial orthodontic examination. There is no obligation to proceed with treatment. Our office is committed to excellence in orthodontic treatment and we look forward to meeting you.*



- ☐ #500 – 275 Lansdowne St, Kamloops BC, V2C 1X8
☐ 1950 Quilchena Ave, Merritt BC, V1K 1B8

Dr. Dagasso | Dr. Panther

T: 250-828-6208 | **F:** 250-374-3722

E: info@kamloopsorthodontics.ca

kamloopsOrthodontics.ca

Email info@kamloopsorthodontics.ca or fax 250-374-3722 this form to our office.

INSURANCE #1:

PROVIDER		SUBSCRIBER
BIRTHDATE (M/D/Y)	RELATIONSHIP	ADDRESS
GROUP/CONTRACT/POLICY		CERTIFICATE/ID

INSURANCE #2:

PROVIDER		SUBSCRIBER
BIRTHDATE (M/D/Y)	RELATIONSHIP	ADDRESS
GROUP/CONTRACT/POLICY		CERTIFICATE/ID

INSURANCE #3:

PROVIDER		SUBSCRIBER
BIRTHDATE (M/D/Y)	RELATIONSHIP	ADDRESS
GROUP/CONTRACT/POLICY		CERTIFICATE/ID

INSURANCE #4:

PROVIDER		SUBSCRIBER
BIRTHDATE (M/D/Y)	RELATIONSHIP	ADDRESS
GROUP/CONTRACT/POLICY		CERTIFICATE/ID

