Kamloops ORTHODONTICS

Dr. Dagasso | Dr. Odegaard | Dr. Panther

REQUEST FOR AN ORTHODONTIC CONSULTATION

PLEASE SELECT:

☐ **Dr. Dagasso** ☐ **Dr. Odegaard** ☐ **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

☐ Patient will contact our office for appointment

☐ Kamloops Location

☐ Merritt Location

FROM THE PRACTICE OF | DATE

DENTIST NAME

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.*

Kamloops ORTHODONTICS

☐ #500 – 275 Lansdowne St, Kamloops BC, V2C 1X8

☐ 1950 Quilchena Ave, Merritt BC, V1K 1B8

Dr. Dagasso: 250-828-6208
Dr. Odegaard: 250-374-8990
Dr. Panther: 250-374-8990
TF: 1-800-354-6488 | **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