

SAIT Polytechnic
DENTAL CLINIC REFERRAL FORM

Introducing:
Patients DOB:

Patient Phone Number:

Our patient would benefit from the following services: (please check)

Tooth polishing (January to April)
Fluoride application (January to April)
Desensitizing treatment (January to April)

Dental radiographs (January to April). Please indicate required radiographs:

2 bitewings
4 bitewings
Full mouth survey
Periapical(s)
Pantograph

Notes:

Dental sport guard (Available every February)

Whitening trays (available every February; whitening product must be purchased from family dentist)

Dental sealants (available every May) Please indicate tooth numbers:

Additional information:

Referred by Dr. :

Phone number:

E-mail address:

Date:

SUBMIT

