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\Box	Eithor

☐ Either

205, 150 Bellerose Drive, St. Albert, AB T8N 8N8 Phone: **780.651.8121** Fax: **1.844.270.5061** Email: admin@nuvodental.ca

Now Accredited as a Non-Hospital Surgical Facility

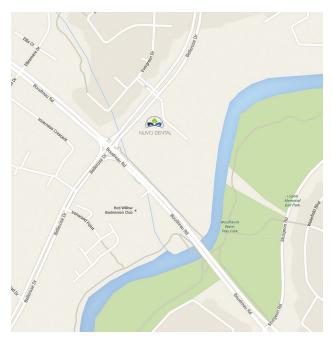
Patient's Name:
Appointment Date:
Email:
Phone:Cell:
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
Referred for: Implant supported restoration Extractions including wisdom teeth Single tooth Endodontic treatment Denture stabilization Pediatric rehabilitation Multiple sites Bone and soft tissue grafting Restorative dentistry IV Senation CBCT scan* General Anesthesia Administered by Medical Anesthesiologist Urgent Routine Consult/surgery same day Consult only Dental Implant Preference Nobel Straumann Astra
Records sent: Send digital x-rays to: admin@nuvodental.ca ☐ Pantomograph ☐ Periapicals ☐ CBCT scan ☐ Diagnostic models
\square Please call to discuss this case with me personally, following consultation
Referred by:
Phone:
Email:
☐ Correspond by email
☐ Please refer back to my office for final, permanent prosthetics on implants ☐ Please complete the final, permanent prosthetics on the implants ☐ Please send more referral pads

*Downland referral forms from our website: nuvodental.ca



Mon - Thurs **8 am - 5 pm** Fri **8 am - 12 pm** Closed stat. Holidays & Weekends

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Note: