



Foothills Dental Group

Dr. Asil Abdul

Dr. Greg Yates

220 - 1620 29 Street NW

Calgary AB T2N 4L7

phone: (403)289-5140

fax: (403)289-5533

info@foothillsdental.ca

Referral Form

Patient name: _____ D.O. B. _____

Address: _____

Home:(____) _____ Mobile:(____) _____

Email: _____

Please provide our office with current radiographs/panorex (1 year)

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

E	D	C	B	A	A	B	C	D	E
E	D	C	B	A	A	B	C	D	E

Reason for Referral:

- Consult
- Panoramic radiograph
- Extraction
- Sedation: IV GA

Insurance:

- AHS
- Private

Additional information:

Doctor's Name: _____ Date: _____

Office Phone:(____) _____ Fax:(____) _____