



Dr. Steven Faigan

Orchard Plaza Professional Building

#102 - 1890 Cooper Road, Kelowna, B.C. V1Y 8B7

Tel: (250) 868-8626 • Fax: (250) 868-1190 • Email: reception.drfaigan@shawcable.com

www.okanaganperiodontics.com

Date of referral _____

We are referring _____ D.O.B. _____

Telephone: Home _____ Work _____ Cell _____

Address _____

Email _____

Insurance Information:

Primary Carrier _____ Secondary Carrier _____

Policy# _____ Policy # _____

ID # _____ ID # _____

Insured _____ DOB _____ Insured _____ DOB _____

Nature of Referral:

- | | | |
|--|---|--|
| <input type="checkbox"/> Comprehensive Periodontal Therapy | <input type="checkbox"/> Emergency | <input type="checkbox"/> Extraction(s) |
| <input type="checkbox"/> Specific Problem | <input type="checkbox"/> Dental Implant (s) | <input type="checkbox"/> Follow up |

Reason For Referral _____

Relevant History (specific concerns: medical or dental) _____

☐ Please call patient ☐ An appointment has been made on _____

☐ Patient will call ☐ Radiographs enclosed

☐ Radiographs emailed

Referred by Dr. _____

Your office stamp please