



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@okanaganperiodontics.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:

- ☐ Comprehensive Periodontal Therapy ☐ Emergency ☐ Extraction(s)
☐ Specific Problem ☐ Dental Implant(s) ☐ 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