



DENTISTREE

PRACTICE FOCUSED ON ORAL SURGERY, SEDATION, AND IMPLANTS

DR. DENZIL NAIR

Emergency Cell 604.818.1211

Langley Location

150-8700 200th St. Langley, BC V2Y 0G4

Phone: 604.455.6247 Fax: 604.455.6244

Email: dentistree@live.com

Burnaby Location

230-3355 North Rd. Burnaby, BC V3J 7T9

Phone: 604.421.8041 Fax: 604.421.2599

Email: dentistree2@live.ca

PATIENT INFORMATION

Patient Name: _____ D.O.B: _____

Address: _____

Phone (Home): _____ Phone (Cell): _____

DENTAL INSURANCE INFORMATION

Prim. Policy Holder: _____ Sec. Policy Holder: _____

D.O.B: _____ D.O.B: _____

Ins. Company: _____ Ins. Company: _____

Policy/Group #: _____ Policy/Group #: _____

ID/Certificate #: _____ ID/Certificate #: _____

TREATMENT

18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28

48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

- EXO OF 3RD MOLAR
- EXO AS INDICATED ABOVE
- BONE GRAFTING
- CONEBEAM CT SCAN (\$200)
- OTHER _____
- IMPLANT SURGERY
- IMPLANT SURGERY AND RESTORATION
- SINUS LIFT
- GENERAL DENTISTRY UNDER SEDATION

RADIOGRAPHS

- ENCLOSED GIVENT TO PT. EMAILED PLEASE REQUEST TAKE AS NEEDED

REFERRING DENTISTS COMMENTS:

REFERRING DOCTOR _____ DATE: _____

- Send More Referral Forms

Please see reverse for location map



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MAP	MAP
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OFFICE POLICIES:

- Consultation Fee \$60.00
- All minors must be accompanied by an adult for the consultation appointment
- You must give 2 business days notice for cancellations or change of appointment to avoid a charge of \$100.00 to your account
- For IV sedation, no eating or drinking for 6 hours prior to your appointment
- All sedation patients must be accompanied by a responsible adult
- We will gladly bill your insurance on your behalf, however it is mandatory you leave a credit card number on file