



Foothills Dental Centre

Dr. Andrew Madej
Dr. William Vu
123 Jasper Street
Hinton, AB, T7V 2A8
foothillsdentalcentre.com
(780) 865-7673

REFERRAL FORM

INTRODUCING: _____ DOB: _____ INSURANCE: _____

EMAIL: _____ CELL PHONE: _____ HOME PHONE: _____

APPOINTMENT DATE: _____ TIME: _____

- Please email current PA, PANOREX, BW within last year relevant to treatment to foothillsdental123@gmail.com
- There is an initial consultation to assess dental condition and review treatment (\$50 maybe covered by insurance)
- Please download patient form from our website and arrive 15 minutes prior to your appointment.
- We require 48 hours notice to cancel or change an appointment

Please indicate the requested services: _____ Tooth / Area: _____

- IV Sedation (Must be ASA 1 or 2 and BMI < 35)
- Periodontal surgery pocket reduction guided tissue regeneration for bony defects
- Implant implant supported bridge or denture TEETH IN A DAY (full mouth reconstruction)
- Surgical (Patient returning to your office for crown) Prosthetic
- Gum graft Sinus bone graft
- Alveolar Ridge Bone Augmentation Purpose: _____
- Crown lengthening Treatment Plan: _____
- Braces Orthodontic Treatment Invisalign
- 3D CBCT imaging (*\$100 for radiologist interpretation) Purpose: _____
- Wisdom teeth extraction

Relevant Medical History: _____

Additional Considerations: _____

Referred by Dr. _____ Email: _____ Date: _____

Thank you for your trust and confidence in our office!