



103-6900 Nicholson Rd, North Delta, BC V4E 3G5

Dr. Steve Johal
D.M.D., F.R.C.D.(C), CERT. ENDO
Certified Specialist in Endodontics
T 604-572-9863 • F 604-572-5063

Introducing _____

Tel _____

For endodontic consideration of the following tooth (teeth):

Reason for referral:

- Consultation only
Consultation and endodontic treatment
Patient has discomfort / pain
Pulp exposed
Root canal started
Recent dental treatment
Apical radiolucency present
Previous root canal treatment
Prophylactic root canal treatment required
Bridge/crown cemented:
Post space required
Restore access cavity with:

Remarks

Blank lines for remarks

Signed Dr. _____

Tel _____

- Please fill out insurance information on the back of this form
Please send referral pad

PLEASE FAX OR MAIL TOP PORTION



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Patient Appointment

Date _____

Time _____

Nicholson Centre

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DENTAL INSURANCE INFORMATION

Name of Policy Holder _____ Birthdate _____
Day Month Year

Employer _____ S.I.N. _____

Ins. Co _____ ID # _____ Dep # _____

Group/Plan # _____ Cert # _____ Div # _____

% Basic Coverage _____ Annual Limit _____

Relationship to Policy Holder _____

Second Insurance Plan

Name of Policy Holder _____ Birthdate _____
Day Month Year

Employer _____ S.I.N. _____

Ins. Co _____ ID # _____ Dep # _____

Group/Plan # _____ Cert # _____ Div # _____

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