



SEDATION DENTISTRY SERVICES

Teens & Adults



Harvard Dental Centre

201-6935 120th Street

Delta, BC V4E 2A8

(604) 599-5600

info@harvarddentalcentre.com



Port Coquitlam Dental Centre

201-1465 Salisbury Avenue

Port Coquitlam, BC V4E 2A8

(604) 941-0477

info@portcodental.com

Patient's Name: _____ Referring Doctor: _____

Patient's PH. #: _____ Doctor's PH. #: _____

Tooth/Teeth to be evaluated:

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

Special Care Individually Tailored to Each Patient's Needs!

Reasons for referral:

☐ Anxious Adult

☐ Gag Reflex

☐ Difficult Local Anesthesia

☐ Long Procedure

☐ Other: _____

☐ X-Rays Mailed / Emailed

☐ Please Take X-Rays

Primary Dental Insurance:

Insured: _____

Carrier: _____

Group / Policy #: _____

Division: _____ Dep #: _____

Special Instructions: _____

Would you like to see patient back for recall appointment at your office?

☐ Yes

☐ No