

LEIGH SMILE CENTER

DR. TIMOTHY BARTER
GENERAL DENTISTRY/SEDATION DENTISTRY

www.leighsmilecenter.com

9911 – 107 St. Westlock, AB
T7P 2K5 780-349-6700

DATE: _____ PHONE: _____

PATIENT NAME: _____ D.O.B. _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

REASON FOR REFERRAL:

EXTRACTION ____ IMPLANTS ____

WISDOM TEETH ____ BONE/SOFT TISSUE GRAFTING ____

OTHER ____ CONSULT WITH SURGERY SAME DAY ____

SEDATION REQUESTED:

ORAL SEDATION ____ IV SEDATION ____ NONE ____

XRAYS/PAN ATTACHED ____ WITH PATIENT ____ NONE ____

REFERRING DOCTOR: _____ PHONE: _____

ALL IMPLANT RELATED FEES ARE NON-ASSIGNMENT