

## Dr. Paul Collard

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Vanderhoof Dental Health Centre  
Box 1322, Vanderhoof, B.C. V0J 3A0  
Phone 250-567-9226 Fax 250-567-3340 Toll free 1-877-567-9226

**Referral Forms for Dr. Collard for General Anesthetic**

Date of Referral \_\_\_\_\_ Referring Dentist \_\_\_\_\_  
Phone number \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient Information:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone# \_\_\_\_\_  
\_\_\_\_\_ 2<sup>nd</sup> telephone# \_\_\_\_\_  
Parent/Guardians name \_\_\_\_\_

Medical Alerts \_\_\_\_\_

Remarks or Special Concerns \_\_\_\_\_  
\_\_\_\_\_

Reasons for Referral      Caries \_\_\_\_\_      Behavior \_\_\_\_\_

Radiographs                      mailed \_\_\_\_\_                      with patient \_\_\_\_\_

Booking Fee                      mailed \_\_\_\_\_                      with patient \_\_\_\_\_

Dental Insurance:

Name of Policy Holder \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Day/Month/Year

Employer \_\_\_\_\_

Social Insurance Number \_\_\_\_\_

Insurance Company \_\_\_\_\_

Group Number \_\_\_\_\_

Coverage Details \_\_\_\_\_

Personal Health Number \_\_\_\_\_

Please call parents \_\_\_\_\_ Parents will call \_\_\_\_\_

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