

# Nervous about Dental Treatment? We can help!

IV Sedation and Nitrous Oxide  
are offered for all  
Dental Treatments.

Ask us today about pain free  
Dental Treatment options.



## PATIENT INFO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ / \_\_\_\_\_

Phone Number:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

INSURANCE INFO  No  Yes

Insurance Company: \_\_\_\_\_ Ins. Holder Name: \_\_\_\_\_

Group: \_\_\_\_\_ ID: \_\_\_\_\_ Employer: \_\_\_\_\_

## REFERRING OFFICE

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ / \_\_\_\_\_

Phone Number:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

REFERRING DOCTOR: Dr. \_\_\_\_\_

Reason for Referral/Areas of Concerns: \_\_\_\_\_

Medical History: \_\_\_\_\_

X-Ray Provided:  No  Yes (Sent via E-mail)  Yes (Sent via Carrier)  Yes (Pt will bring with)

Appointment:  ASAP  Consultation only  Provide Tx as necessary



Austin Dental Group  
Dr. Ellen Koo, Inc. & Associates  
2130 Austin Ave. Coquitlam, BC V3K 3R8  
(604) 936-0733/6233

**Please send referrals to FAX: (604) 936-6614  
or to E-Mail: [infoaustindental@gmail.com](mailto:infoaustindental@gmail.com)**

You can also print this form on [www.austindentalgroup.com](http://www.austindentalgroup.com) under "Our Services".