



# SUNVALLEY Family Dentistry

**Sedation & General Dentistry**  
#201 - 3334 - 30th Avenue, Vernon, BC V1T 2C8  
Telephone: 250-542-2776

## Referral Introduction

Patient Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone # \_\_\_\_\_ Other # \_\_\_\_\_

Date of referral: \_\_\_\_\_

Referred by Dr. \_\_\_\_\_ Phone # \_\_\_\_\_

Dental Insurance carrier: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Birth Date of Policy Holder: \_\_\_\_\_

Cert / Group # \_\_\_\_\_ ID # \_\_\_\_\_

Please call patient for Appointment  Patient will call for appointment

Radiographs taken  Emailed  None taken  Date of Radiographs: \_\_\_\_\_

Reason for referral:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please retain patient for continued Care

Please return patient once treatment completed

Email referral forms to: [drquinton@shawbiz.ca](mailto:drquinton@shawbiz.ca)