LETHBRIDGE DENTAL SERVICES SOUTH
*We love to see you smile*

50 - 2810 Fairway Street South
Lethbridge, Alberta T1K 6T9
**403.327.7227**
smile@ldss.ca

# NO COST CONSULTATION REQUEST

Date _____

Patient's Name _____

Address _____

Postal Code _____ Email Address _____

Tel. No. (res.) _____ Tel. No. (cel.) _____

Date of Birth _____ Parent / Guardian _____

**Medical History / more info:** _____

_____

## Insurance:

Dental Insurance Company 1st _____ 2nd _____

Group or Policy No. _____ _____

Certificate or Coverage No. _____ _____

_____ _____

_____ _____

Insurance Holder's Date of Birth _____ _____

## Referred for the following:

**EXTRACTIONS:** ❑ Teeth Numbers _____

**IMPLANTS:** All implant consultations INCLUDE **no-cost** consultation CBCT scan

❑ Teeth Numbers _____ Would you like us to restore? Y or N

❑ Biohorizons ❑ Nobel Biocare ❑ Straumann-Premium

**IMPLANT DENTURE STABILIZATION** ❑ Upper ❑ Lower More Info: _____

Gum grafting ❑ Sinus Lift ❑ Ortho Uncovering ❑ Site Numbers _____

OSA ❑ Biopsy ❑ Tongue tie ❑ Botox ❑

**IV SEDATION RESTORATIVE** ❑ (Please list) _____

_____

Radiographs Available ❑ Yes ❑ No ❑ Emailed

Date taken _____ Referred by _____