Suite 1250
First Edmonton Place
10665 Jasper Avenue
Edmonton AB T5J 3S9

MICRO ENDODONTICS | ENDODONTIST

Manjinder S. Lalh*
B.Sc., D.D.S., F.R.C.D.(C)
*Professional Corporation

PH: (780) **425-8930**
FX: (780) 420-1744
W: edmontonmicroendo.com
E: info@edmontonmicroendo.com

REFERRAL

Introducing:

☐ Previous Patient D.O.B.:

Address:

P.C.:

Ph (Res): Ph (Bus): Ph (Cell):

Appointment Date and Time:

Patient's Insurance Company:

Group/Plan#: Cert.#/ID#:

Secondary Insurance Company:

Group/Plan#: Cert.#/ID#:

Employee: D.O.B.:

Referred For:

☐ Consultation Re: Tooth/ Teeth: Area:

☐ Endodontic Treatment for Tooth/Teeth: Area:

☐ Conventional ☐ Retreatment ☐ Surgical Post Space: ☐ Yes ☐ No

Relevant History:

Additional Considerations: (allergies, oral/intravenous sedation, general anesthesia, prophylactic antibiotics)

Referred by Dr. Date:

☐ Please send additional referral forms

Patients can log onto our secure website and conveniently complete their Patient Registration, Medical History and Pain History online prior to the appointment.

Please contact our office for an ID and Password: info@edmontonmicroendo.com

PLEASE SEE REVERSE FOR LOCATION MAP AND PARKING INFORMATION

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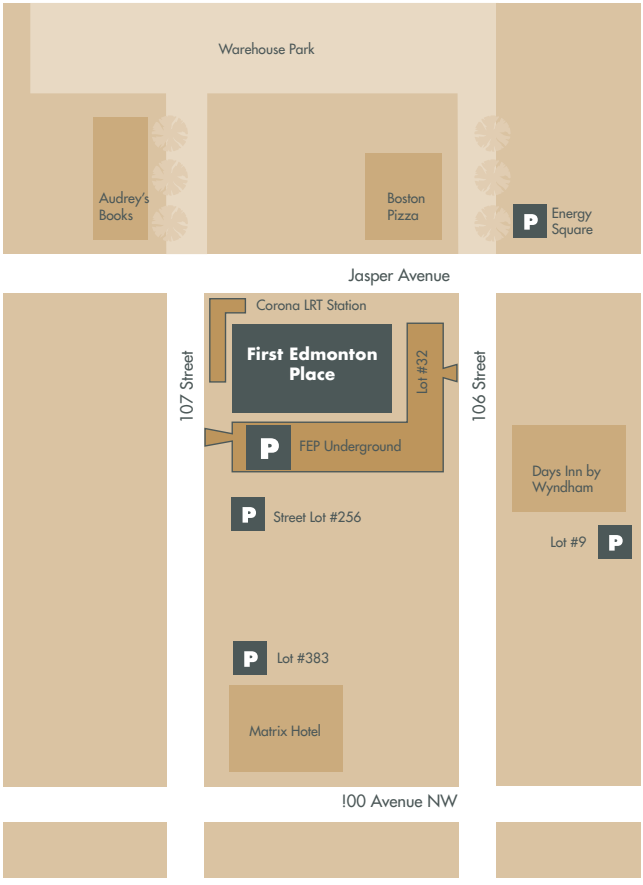
LOCATION MAP AND PARKING INFORMATION



TWO HOUR STREET PARKING

PARKING TICKET MACHINES ARE CREDIT CARD OPERATED.

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