KOOTENAY LAKE
DENTAL

Dr Kelly Kosheiff
556 Josephine St. Nelson BC V1L 1W5
P: 250-352-5522
F: 250-352-5526
info@kootenaylakedental.ca

kootenaylakedental.ca

PATIENT INFORMATION

Name _____ Gender ____ Date of birth _____

Address _____

Phone number(s) _____ Email _____

Thank you for referring your patient to us!

Reason for referral :

- ❑ General anesthesia
- ❑ Specific treatment
- ❑ Comprehensive care

TEETH/AREA

_____
_____
_____
_____
_____
_____

- ❑ Behaviour/age
- ❑ Medically compromised/special needs

COMMENTS

_____
_____
_____
_____

RADIOGRAPHS

❑ None available ❑ Enclosed

- ❑ Please call this family to arrange a consultation.
- ❑ This family will call your office to arrange a consultation.

REFERRING PRACTITIONER

Name _____

Phone Number _____

Date _____