

- Dr. K. Kika
- Dr. J. Chan
- Dr. M. Jamieson
- Dr. M. Gill
- No Preference

532 Comox Road Nanaimo, B.C. V9R 3J1
 Phone: (250)753-5437 Fax: (250)754-4503
 toll free 1-888-753-7727
 hollytreeappointments@shaw.ca

Date: _____
m/d/yyyy

Referral Request Form

Patient Name: _____ Gender: _____ DOB: _____
m/d/yyyy
 Address: _____ City: _____ Postal: _____
 Email: _____
 Phone: _____ Cell: _____ Other: _____
 Care Card #: _____ Status #: _____
 Medical Alerts/Allergies: _____
 Legal Guardian: _____ DOB: _____
m/d/yyyy

FOR OFFICE USE ONLY

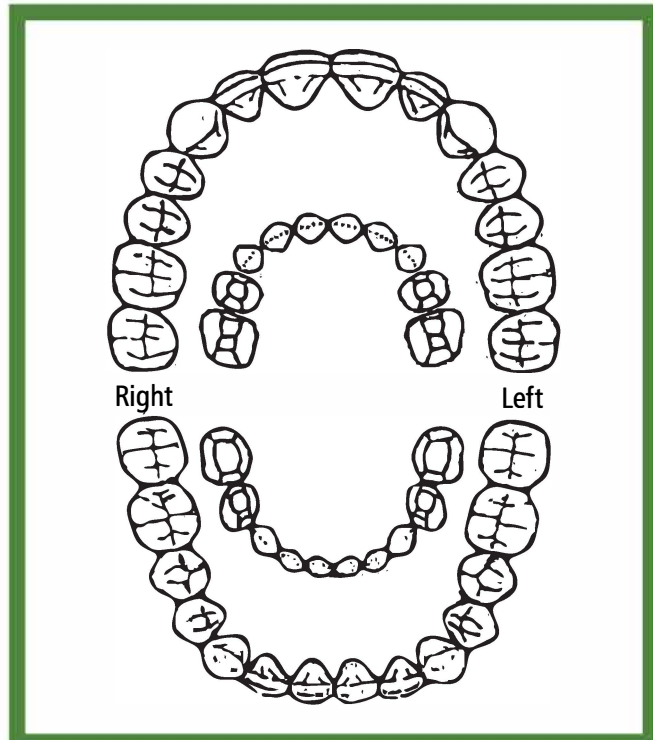
X-Rays on Cadi? Y / N

Insurance Information:

Policy Holder: _____
 Birth Date: _____
 Insurance Co.: _____
 Group/Policy #: _____
 ID/Cert. #: _____
 Employer: _____
 Policy Holder: _____
 Birth Date: _____
 Insurance Co.: _____
 Group/Policy #: _____
 ID/Cert. #: _____
 Employer: _____

Height: (cm) _____ (ft) _____ (in) _____
 Weight: (lbs) _____ (kg) _____
 BMI: _____

If Possible, Please indicate location of caries and/or other areas of concern



Reason for Referral:

- Age
- Behaviour
- Caries
- Other

Referred by: _____

Radiographs: Attached Not Available