Scident Family Dental Clinic

☐ Dr. Babak Chehroudi
☐ Dr. Clifford Pau

Referal *form for new patients*

Please print clearly Patient's details:

Surname: ..... First Name: .....

Address: .....

City/Town: ..... Postal Code: .....

Telephone: ....

E-mail: .....

Patient is referred for the following treatments and services

- ☐ Endodontics
- ☐ Oral Pathology
- ☐ Pediatric Dentistry
- ☐ Extractions
- ☐ Diagnose & Treat
- ☐ Oral Sedation
- ☐ Implant procedures
- ☐ Intra-oral camera/imaging
- ☐ Oral & Maxillofacial Surgery
- ☐ Oral Radiology
- ☐ Periodontics
- ☐ Cosmetic procedures
- ☐ Dental emergencies
- ☐ Dentures - Complete
- ☐ Dentures - Partial
- ☐ Medically challenged pts
- ☐ Oral Medicine
- ☐ Orthodontics
- ☐ Prosthodontics
- ☐ Occlusal Analysis
- ☐ Orthodontics
- ☐ Sleep apnea/snoring device
- ☐ TMJ therapy
- ☐ Chronic & acute oral pain

Brief description of chief concerns

Fax or mail completed form to:

120 East 15th Street
North Vancouver, B.C.
V7L 2P9
Tel: 604-985-7032
Fax: 604-985-7015
e-mail : scident@mac.com
www.scident.ca

Clinic Facilities

- ☐ Hours: evenings
- ☐ Hours: weekends
- ☐ Latex-free office
- ☐ Wheelchair access