Okanagan Denture

Dillon Panagapko RD
#5 1771 Cooper Road
Kelowna, BC
V1Y 7T1

Dentist or Oral Surgeon: _____

Referral to Okanagan Denture:

Name: _____ Date of Birth: (M/D/Y) _____

Address: _____

PHONE: _____ Email: _____

Dental Plan: _____ ID#: _____ Policy#: _____

☐ Please Call and Book Patient

Treatment Plan: _____

_____

Future Appointments at your office: _____

_____

Notes: _____

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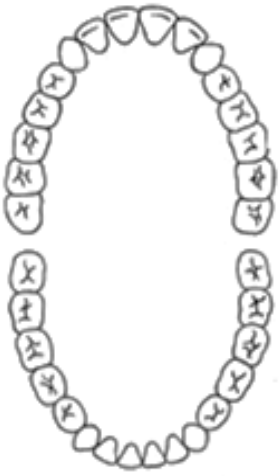

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Call 250.861.3852, Fax 250-861-3838, or email okanagandenture@shaw.ca