okanagan denture

Dillon Panagapko RD P: 250.861.3852 F: 250.861.3232
5-1771 Cooper Rd. Kelowna BC okanagandenture@shaw.ca

PATIENT INFORMATION

Today's Date: D / M / Y ❒ Please call Patient to Schedule ❒ Patient will Call to Schedule

Name: _____ Email: _____

Address: _____ Gender: M ❒ F ❒ O ❒

Guardian: _____ Phone: _____ Date of Birth: D / M / Y

REFFERING DOCTOR

Name/Office: _____ Office Phone: _____

Are there any other scheduled appointments for our patient at your office Yes ❒ No ❒

If yes, procedure type and date: D / M / Y

(extractions, fillings, cleaning) D / M / Y

Treatment Plan For Patient:

As always, the continued confidence you place in our practice is much appreciated.