okanagan dent	ure	
Dillon Panagapko RD P: 250.8 5-1771 Cooper Rd. Kelowna B		w.ca
PATIENT INFORMATION Today's Date: <u>D / M / Y</u> Name:		Patient will Call to Schedule
		Gender: M 🗖 F 🗖 O 🗖
		Date of Birth: D / M / Y
REFFERING DOCTOR Name/Office:		Office Phone:
Are there any other scheduled appoint If yes, procedure type and date (extractions, fillings, cleaning)	e: <u>D / M / Y</u>	
Treatment Plan For Patient:   Image: Constraint of the second sec		

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