TOWNE SQUARE ORTHODONTICS

TERWILLEGAR SOUTH EDMONTON

Dr. Sunny Leong,
DDS, DIP. ORTHO, FRCD(C)

Dr. Justin Kim,
DDS, MSC, FRCD(C)

REFERRING OFFICE INFO

Referring Dr. _____ Date: MM / DD / YY

Phone: _____ Email: _____

❍ our practice requires more referral pads

PATIENT INFO

Patient Name: _____ FIRST NAME _____ LAST NAME

Birthdate: MM / DD / YY Age: _____

Parent/Guardian Name (if applicable): _____ FIRST NAME _____ LAST NAME

Email: _____

Cell: _____ Other (home/work): _____

FREE Patient Consult: ❍ Virtual ❍ In-Office

Orthodontic Coverage: ❍ Insurance ❍ None ❍ NIHB ❍ ADSC

1. Insurance Company: _____ Plan #: _____ ID #: _____

Subscriber Name: _____ Subscriber DOB: MM / DD / YY

2. Insurance Company: _____ Plan #: _____ ID #: _____

Subscriber Name: _____ Subscriber DOB: MM / DD / YY

Reason for Referral: ❍ Specific Concern (please specify): _____

Date of last exam and hygiene appointment: MM / DD / YY

RADIOGRAPHIC INFO

Radiographs: ❍ Panoramic (Date Taken MM / DD / YY)

❍ None ❍ Emailed (smile@TowneSquareOrtho.com)

❍ Mailed ❍ With Patient

We offer treatment discounts for dental professionals.

TOWNE SQUARE ORTHODONTICS

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love your life,
love your smile