



**Dr. Trista Felty, DMD**

Certified Specialist in Orthodontics

**Dr. Emily Thong, DMD**

Certified Specialist in Orthodontics

## CONSULTATION REQUEST

### WE ARE REFERRING:

Patient \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Gender \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

### AREA(S) OF CONCERN:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Dental Crowding | <input type="checkbox"/> Deep / Open Bite | <input type="checkbox"/> Missing / Impacted Teeth |
| <input type="checkbox"/> Excess Overjet  | <input type="checkbox"/> Under Bite       | <input type="checkbox"/> Facial Profile           |
| <input type="checkbox"/> Crossbite       | <input type="checkbox"/> Diastema         | <input type="checkbox"/> Other _____              |

### REASON FOR REFERRAL:

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Referred by Dr. \_\_\_\_\_ Office \_\_\_\_\_

### DENTAL HISTORY:

Last Exam \_\_\_\_\_ Last Hygiene \_\_\_\_\_

Outstanding Tx \_\_\_\_\_

Pan Y/N \_\_\_\_\_ Date of Pan \_\_\_\_\_ Date of Referral \_\_\_\_\_

**To limit patient exposure, please email the most recent pan along with this referral to  
frontdesk@letusmakeyousmile.ca**



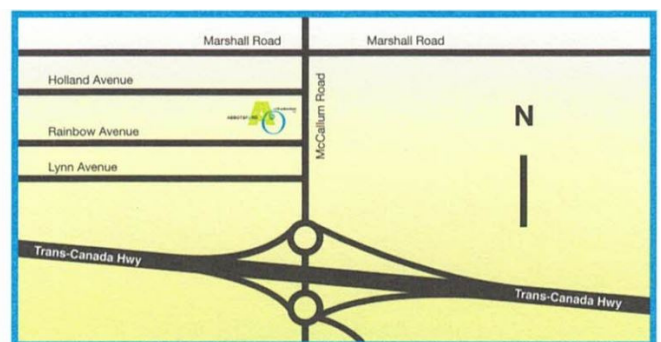
**Abbotsford Orthodontics**

Suite 103 - 1925 McCallum Rd  
Abbotsford, BC V2S 3N2

**604-854-3236**

www.LetUsMakeYouSmile.ca

*Complimentary Consultations!*





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## DENTAL INSURANCE:

### PRIMARY POLICY

Policy Holder's First Name: \_\_\_\_\_

Policy Holder's Last Name: \_\_\_\_\_

Policy Holder's DOB: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Group Policy # \_\_\_\_\_

Certificate/ID # \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

### SECONDARY POLICY

Policy Holder's First Name: \_\_\_\_\_

Policy Holder's Last Name: \_\_\_\_\_

Policy Holder's DOB: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Group Policy # \_\_\_\_\_

Certificate/ID # \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

**Thank you for your referral!**

Should you or your patient have any questions, please reach out to us at 604-854-3236. We will contact your patient to schedule a complimentary consultation.



### Abbotsford Orthodontics

We will contact you to schedule a complimentary consultation.

You can reach out to us at any time by emailing [frontdesk@letusmakeyousmile.ca](mailto:frontdesk@letusmakeyousmile.ca) or by calling 604-854-3236.

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