

# Nervous about Dental Treatment? We can help!

IV Sedation and Nitrous Oxide are offered for all Dental Treatments.

LIMITED TIME OFFER  
**50% OFF**  
IV SEDATION  
Until DEC 2015



Ask us today about pain free Dental Treatment options.

## PATIENT INFO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ / \_\_\_\_\_

Phone Number:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

INSURANCE INFO  No  Yes

Insurance Company: \_\_\_\_\_ Ins. Holder Name: \_\_\_\_\_

Group: \_\_\_\_\_ ID: \_\_\_\_\_ Employer: \_\_\_\_\_

## REFERRING OFFICE

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ / \_\_\_\_\_

Phone Number:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

REFERRING DOCTOR: Dr. \_\_\_\_\_

Reason for Referral/Areas of Concerns: \_\_\_\_\_

Medical History: \_\_\_\_\_

X-Ray Provided:  No  Yes (Sent via E-mail)  Yes (Sent via Carrier)  Yes (Pt will bring with)

Appointment:  ASAP  Consultation only  Provide Tx as necessary



Austin Dental Group  
Dr. Ellen Koo, Inc. & Associates  
2130 Austin Ave. Coquitlam, BC V3K 3R8  
(604) 936-0733/6233

**Please send referrals to FAX: (604) 936-6614  
or to E-Mail: infoaustindental@gmail.com**

You can also print this form on [www.austindentalgroup.com](http://www.austindentalgroup.com) under "Our Services".