

Dr. Jeremy King DMD, FRCD(C)

Certified Specialist of Oral and Maxillofacial Surgery

Tel 250-590-3915 Fax 250-590-3916 Email reception@drking.ca www.drking.ca

#101-3930 Shelbourne Street, Victoria BC V8P 5P6

We Are Referring

Date _____

Patient Name _____

Date of Birth (M/D/Y) _____ Parent/Guardian _____

Please Note: Minors must be accompanied by a parent/guardian

Address _____

Tel (H) _____ (W) _____ (C) _____

Dental Insurance Information

FIRST DENTAL PLAN

Policy Holder's Name _____

Employer _____

Date Of Birth _____

Insurance Company _____

Group# _____ Id# _____

SECOND DENTAL PLAN

Policy Holder's Name _____

Employer _____

Date Of Birth _____

Insurance Company _____

Group# _____ Id# _____

Referral Information

Radiograph Enclosed Please Take Radiograph

Radiograph Emailed: reception@drking.ca

Date of radiograph/picture taken: _____

Exposure Endosseous Implants

Trauma Preprosthetic Surgery

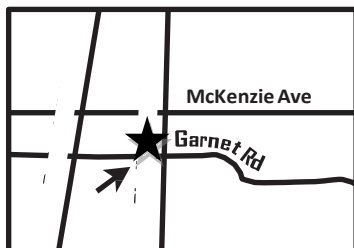
Pathology Augmentation/Grafting

Extraction

1	E	D	C	B	A	A	B	C	D	E	2				
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
4	E	D	C	B	A	A	B	C	D	E	3				

Comments: _____

Referred by Dr. _____ Tel: _____



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Appointment

Date: _____

Time: _____