



SLEEP & SEDATION FOR DENTISTRY

Children & Adults

111-2419 Bellevue Ave

West Vancouver BC,
BCVSH 129

Phone: 604.926-2221

Fax: 604.921-1460

info@seawalldental.com

Dr. Sepehr Zahedi

DDS, Msc (Anesthesia)

Patient's Name: _____ Referring Doctor: _____

Patient's Phone#: _____ Doctor's Phone#: _____

				55	54	53	52	51		61	62	63	64	65			
Tooth /Teeth to be evaluated:	18	17	16	15	14	13	12	11		21	22	23	24	25	26	27	28
	48	47	46	45	44	43	42	41		31	32	33	34	35	36	37	38
										71	72	73	74	75			

Special Care Individually Tailored To Each Patient's Needs

Reasons for referral:

- Pediatric Dentistry
- Restorative Dentistry
- Root Canal Therapy
- Oral Surgery Extractions
- Cosmetic Dentistry
- Implants

- X-Rays Mailed/ Emailed
- X-Rays Sent with Patient
- Please take X-Rays

Appointment:

- Patient will contact you
- Contact Patient

Primary Dental Insurance:

Insured: _____

Employer: _____

Carrier: _____

Group/ Policy#: _____

Division: _____ Dep #: ____

Special Instructions:

Next Appointment:

Phone: 604.S68.8898

Fax: 604.432.9231

Email: info@sleepdental.ca

www.sleepdental.ca

