



# REFERRAL SERVICE FOR IMPLANTS, GRAFTS & FULL MOUTH REHABILITATION

## Chrysalis Dental Centre

Today's Date : \_\_\_\_\_

Patient's Name : \_\_\_\_\_

Phone : \_\_\_\_\_ Other# : \_\_\_\_\_

Date of appointment : \_\_\_\_\_ Please forward dental benefit information

\* Please contact us to book an appointment

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

- \* Implant **Surgery Only**  \* Teeth-in-a-Day(Ao4 concept)  Max
- \* Implant Surgery & **Prosthetics**   Mand
- \* Locators for Overdenture  Surgery Only
- Max  Mand  Surgery and Denture

Doctor's Comments :

X-Rays Emailed  Please take necessary radiographs

BITES Institute member Please note we do not accept assignment of benefits

Referred by Dr. :

Office Stamp (Address & Phone)

Doctor's Signature : \_\_\_\_\_

**\*PLEASE FILL THE FORM AND FAX TO 604-439-7881**

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 Dr. Mark Kwon / Dr. Danielle Kim / Dr. Sarah He



# Patient Copy