



REQUEST FOR AN ORTHODONTIC CONSULTATION

Please Select an Office and Preferred Doctor

Mission Creek Orthodontics

- No Preference
- Dr. Pollard
- Dr. Diaz

Kelowna Orthodontics

- No Preference
- Dr. Pollard
- Dr. Diaz
- Dr. Stewart

West Kelowna Orthodontics

- No Preference
- Dr. Pollard
- Dr. Perrin/Diaz
- Dr. Paxton

Please fill out the following information about your patient

Patient Name

Gender D.O.B.

MM / DD / YY

Parents' Names

Phone #

Patient's Email

Reason for referral

Is there any dental work outstanding?

Have any panoramic or cephalometric radiographs been taken in the past 3 years?

 Yes No

(If yes, please forward to our office and indicate the date they were taken)

Please call dentist BEFORE / AFTER examination

Referred by Dr.

Date

MM / DD / YY

Mission Creek Orthodontics
202-3975 Lakeshore Rd
Kelowna, BC V1W 1V3
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F: (778) 477-5711
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Kelowna Orthodontics
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P: (250) 763-3312
F: (250) 763-3369
info@kelownabraces.ca

West Kelowna Orthodontics
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West Kelowna, BC V4T 3E3
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F: (250) 768-8657
info@westkelownaorthodontists.ca