



REQUEST FOR AN ORTHODONTIC CONSULTATION

Please Select one Office and Preferred Doctor

Mission Creek Orthodontics

- No Preference
 Dr. Pollard
 Dr. Diaz
 Dr. Kehler

Kelowna Orthodontics

- No Preference
 Dr. Pollard
 Dr. Diaz
 Dr. Kehler

West Kelowna Orthodontics

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

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

Yes No

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
admin@missioncreekortho.com

Kelowna Orthodontics
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Kelowna, BC V1Y 6E7
P: (250) 763-3312
F: (250) 763-3369
info@kelownabraces.ca

West Kelowna Orthodontics
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West Kelowna, BC V4T 3E3
P: (250) 768-8663
F: (250) 768-8657
info@westkelownaorthodontists.ca