

## Crestmont Dental Sedation Dentistry Referral



#110, 30 Crestridge Common SW  
Calgary, Alberta T3B 6K2

Phone: (403) 300-3330  
E-mail: [crestmont@trecedental.com](mailto:crestmont@trecedental.com)  
[crestmontdental.com](http://crestmontdental.com)

Thank you for referring your patient to us at **Crestmont Dental** for sedation dentistry. All procedures are performed by a general dentist.

\*\*There is a \$50 non-refundable consult fee. The consult fee includes all post-op appointments.

### PATIENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: Male  Female  Other

Email: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Guardian Name (if applicable): \_\_\_\_\_

### Types of Sedation

- Nitrous sedation
- Oral sedation
- IV sedation
- Local anesthetic only

### RADIOGRAPHS

Please email radiographs in **Dexis** format to [crestmont@trecedental.com](mailto:crestmont@trecedental.com)

# Crestmont Dental Sedation Dentistry Referral

## REFERRAL DETAILS:

- One time treatment
- Comprehensive ongoing treatment
- Referring doctor to complete follow-up treatment

Is the treatment plan available?      Yes       No

Relevant medical/dental history:

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Additional comments/reason for referral:

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## REFERRING DOCTOR

Doctor's Name: \_\_\_\_\_ Office Name: \_\_\_\_\_

Office Number: \_\_\_\_\_ Office Email: \_\_\_\_\_