

# Lakeside Dental Clinic



# Dr. Robert Wolanski

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*"The world looks brighter from behind a smile"*

Patient's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Dental Insurance Name \_\_\_\_\_ Group# \_\_\_\_\_ ID# \_\_\_\_\_

Name of Member \_\_\_\_\_ DOB \_\_\_\_\_ Benefits used to date \_\_\_\_\_

Patient requires AHA antibiotic prophylaxis Yes ( ) No ( )

Patient is taking blood thinning medication Yes ( ) No ( )

Patient is taking bisphosphonate medication Yes ( ) No ( )

**Reason for Referral:** \_\_\_\_\_

**My Chief Concern:** \_\_\_\_\_

**My Patient's Chief Concern:** \_\_\_\_\_

**Tentative Treatment Plan:** \_\_\_\_\_

( ) Call me before proceeding with treatment

**X-Rays:** Needed ( ) Enclosed ( )

**Referring Dentist:** \_\_\_\_\_ **Date:** \_\_\_\_\_

-----CUT-----

Please give this portion to patient

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

***We are beside the Inn on Long Lake, just off the Island Highway***

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