



LEGATO DENTAL CENTRE
 COMMITTED TO EXCELLENCE

Dr. Bradley M. Bishop Inc.

Orchard Plaza 1
 #203 – 1890 Cooper Road
 Kelowna BC
 V1Y 8B7

tel 250.860.5253
 toll free 1.800.268.9499
 fax 250.860.5259
 www.legatocentre.com

DATE: _____

WE ARE REFERRING:

PATIENT: _____ BIRTHDATE: _____

ADDRESS: _____

TELEPHONE: Bus: _____ Res: _____ Cell: _____

REASON FOR REFERRAL: (Please comment on specific location & nature of problem)

SPECIAL CONSIDERATIONS: (Dental-Medical-Psychological-Personal)

INSURANCE INFORMATION:

Primary Carrier: _____	Group Policy#: _____
ID#: _____	Spouse: _____
Secondary Carrier: _____	Group Policy #: _____
ID #: _____	D.O.B. _____

RADIOGRAPHS: Enclosed Take new radiographs Email x-rays

APPOINTMENT:

Date of apt. _____ Patient will call Please call patient

Referred by Dr.: _____

Address: _____ Telephone: _____

OFFICE STAMP

This form can be mailed, faxed or emailed
 info@legatocentre.com