



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 Emailed xrays

APPOINTMENT:

Date of appt. _____ Patient will call Please call patient

Referred by Dr.: _____

Address: _____ Telephone: _____

OFFICE STAMP

This form is designed to be mailed, faxed or
emailed to info@legatocentre.com

Empty box for OFFICE STAMP