



7322 Highway 1
Coldbrook, NS B4R 1B9

Dr. Scott Schofield, BScH, DDS
Dr. Elizabeth Jackson, BScH, DDS
Dr. April Nason, BSc, DDS

Referring Dentist Information

Dentist _____
Address _____

**Fundy Dental Centre
Referral Form**

Phone: _____ Fax: (902) 681-9115

Section 1 – Patient Information

Name: _____		DOB: _____
Address: _____		
City/Town: _____		Postal Code: _____
Phone: _____	Cell: _____	Email: _____

Section 2 - Category

<input type="checkbox"/> Relief of Pain / Abscess / Infection	<input type="checkbox"/> Limited Referral (3D scan)
<input type="checkbox"/> Extraction (single, multiple)	<input type="checkbox"/> Consultation for Dental Implant
<input type="checkbox"/> Third Molars <input type="checkbox"/> Other	<input type="checkbox"/> Consultation for Sedation

Section 3 – Dental Coverage

Is the Patient Eligible for QuikCard Coverage? Yes / No

Private Dental Insurance Details (primary and secondary if available)

(1) Employer _____ Policy _____ Subscriber ID _____ DOB _____

(2) Employer _____ Policy _____ Subscriber ID _____ DOB _____

Subscriber details (if not the patient): _____

Section 4 – Treatment Plan

Additional Notes, Reason for Referral	Relevant Medical History

Radiographs Uploaded to Portal: PA BWs PAN

Section 5 – Office Use Only

Dentist Completing Treatment :

Initial Vital Signs:

Treatment Complete

Clinical Notes and Radiographs Uploaded to Portal for Referring Dentist