FUNDY DENTAL CENTRE
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 _____

_____

Phone: _____

Fax: (902) 681-9115

Fundy Dental Centre Referral Form

Section 1 – Patient Information

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

Section 2 - Category

☐ Relief of Pain / Abscess / Infection	☐ Limited Referral (3D scan)
☐ Extraction (single, multiple)	☐ Consultation for Dental Implant
☐ Third Molars ☐ Other	☐ 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