



Dr. Dan Dagasso
ORTHODONTICS

REQUEST FOR AN ORTHODONTIC CONSULTATION

Please email info@dagassoorthodontics.ca or fax 250-374-3722 this card to our office

INTRODUCING:

PATIENT _____ M/F _____ BIRTHDATE (M/D/Y) _____

PARENT/GUARDIAN _____

ADDRESS _____

PHONE - Home _____ Work _____

CHIEF CONCERN:

Has a panoramic x-ray been taken? Yes No Date of x-ray: _____

- Our office is to contact patient for appointment Kamloops Location
 Patient will contact our office for appointment Merritt Location

FROM THE PRACTICE OF _____ DATE _____

REFERRAL

You have been referred to our office by your dentist for an orthodontic evaluation. Please contact our office to schedule an appointment. You will find a map on the reverse of this form to aid you in locating our office. As a courtesy to your dentist, there is no charge for the initial orthodontic examination. There is no obligation to proceed with treatment. Our office is committed to excellence in orthodontic treatment and we look forward to meeting you.



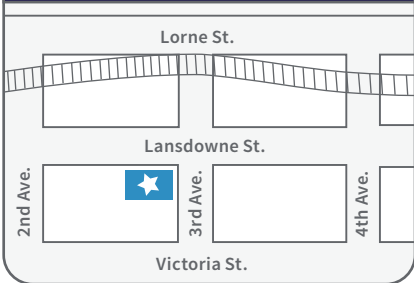
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- #500 - 275 Lansdowne Street
Kamloops BC, V2C 1X8
 1950 Quilchena Avenue
Merritt BC, V1K 1B8

P: 250-828-6208 | **F:** 250-374-3722
E: info@dagassoorthodontics.ca
TF: 1-800-354-6488

DagassoOrthodontics.ca

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Merritt 1950 Quilchena Ave.

