



TREY PETTY
ORAL HEALTH
 Compassionate Care

Trey Petty Oral Health
 110, 2210 2nd St SW
 Calgary, AB T2S 3C3
 P: 403-441-8739 F: 403-541-0871
 info@drtrety.ca

Patient's Legal Name: _____ **DOB:** _____

Patient's Preferred Name: _____

Contact Name (if different from patient): _____ Relation: _____

Contact Info: (C): _____ (H): _____ (E): _____

AHC#: _____

Check any indicating reason(s) for this referral:

- | | | |
|---|---|--|
| <input type="checkbox"/> AISH/Alberta Works Coverage | <input type="checkbox"/> Wheelchair User Requiring Lift | <input type="checkbox"/> Neurologic or Other (MS, ALS, etc.) |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Lung or Breathing Problems | <input type="checkbox"/> Infectious Issues (HIV, HepB, HepC, etc.) |
| <input type="checkbox"/> Anxiety Requiring Sedation | <input type="checkbox"/> Organ Transplant | <input type="checkbox"/> Addiction Problems |
| <input type="checkbox"/> Behaviour Requiring Sedation | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dialysis or Other Renal Failure |
| <input type="checkbox"/> Mentally Challenged / Dementia | <input type="checkbox"/> Arthritis or Other Joint Issue | <input type="checkbox"/> Mental Health Challenges |
| <input type="checkbox"/> Physically Challenged | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Snoring / Sleep Apnea |

Other medical concerns, medications (e.g. blood thinners), allergies, etc.:

Known dental concerns: _____

One-Time Specific Visit: Y / N Ongoing Care: Y / N

Radiographs: Mailed: Y / N Sent with Pt: Y / N Emailed: Y / N

Referring Doctor: _____ **Facility:** _____

PRAC ID #: _____ 0 8

(P): _____ (F): _____ (E): _____

Additional Information: _____

AISH and Alberta Works Standard coverages are welcome.
 Please note: We are a NON-assignment office, and require payment at each visit (Visa, MC, Debit). Patients are welcome to bring insurance information to aid in claim submission, and we will assist in any way so they receive full reimbursement.

Thank-you for your referral.