

Fax To: 780-849-3322
Email To: info@SlaveLakeDental.ca



Patient Information

Name: _____

Date of Birth: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Reason for Referral

Contact Arrangements

- Please call the patient to arrange appointment
- Please call me to discuss this patient

Referred by: _____

Date: _____

433 Main Street NE | P.O. Box 388 | Slave Lake, Alberta, T0G 2A0
Phone: 780-849-2233 | Fax: 780-849-3322

Exceptional people putting patients first

List of Services we offer:

- Orthodontics/Braces
- Invisalign
- Botox
- Dentures
- Braces
- Sleep Apnea Treatment
- Dental Implants
- Snoring Treatment
- Veneers
- Bridges
- Crowns
- TMD Treatment
- Night Guards
- Tooth Extraction
- Teeth Cleaning
- Digital X-Rays
- Sports Guards
- Hygiene Services
- Cosmetic Dentistry
- Conscious Sedation
- Restorative Dentistry
- Wisdom Teeth Removal
- Root Canal Therapy
- Sports Guards
- General Anaesthetic for Children
- Complete Dentistry Care
- Children Sleep Disordered Breathing Treatment

Please write the requested service(s) under Reason for Referral on the front of the card.

**All services are performed by a general dentist*