LESNIAK DENTAL GROUP

Our Family Caring for Yours

From

Phone

Email Address

To: Dr. Robert Lesniak, B.Sc., D.D.S., M.Sc., F.R.C.D.(C)

Certified Specialists in Prosthodontics and Restorative Dentistry

Lesniak Dental Group
202-225 Carleton Drive
St. Albert, AB T8N 4J9
Phone: 780-459-3044
Fax: 780-419-6136

Email:
lesniakdentalgroup@gmail.com

dr.robertlesniak@gmail.com

We are referring:

Patient

Address

Phone (home)

Phone (work)

Phone (cell)

Consultation re:

Reason for Referral

Relevant History

Indicate any special factors - either dental or medical, such as known allergies and specific medical problems relevant to diagnosis and treatment.

- ☐ Please call the patient
- ☐ Patient will call
- ☐ An appointment has been made
- ☐ Radiographs are enclosed
- ☐ Please return radiographs after use
- ☐ Notify on completion
- ☐ Please report - written
- ☐ Please report - by phone
- ☐ Post-referral maintenance
  - ☐ By Specialist
  - ☐ In this office
  - ☐ To be discussed
- ☐ Other records are available

Date

Doctor Signature

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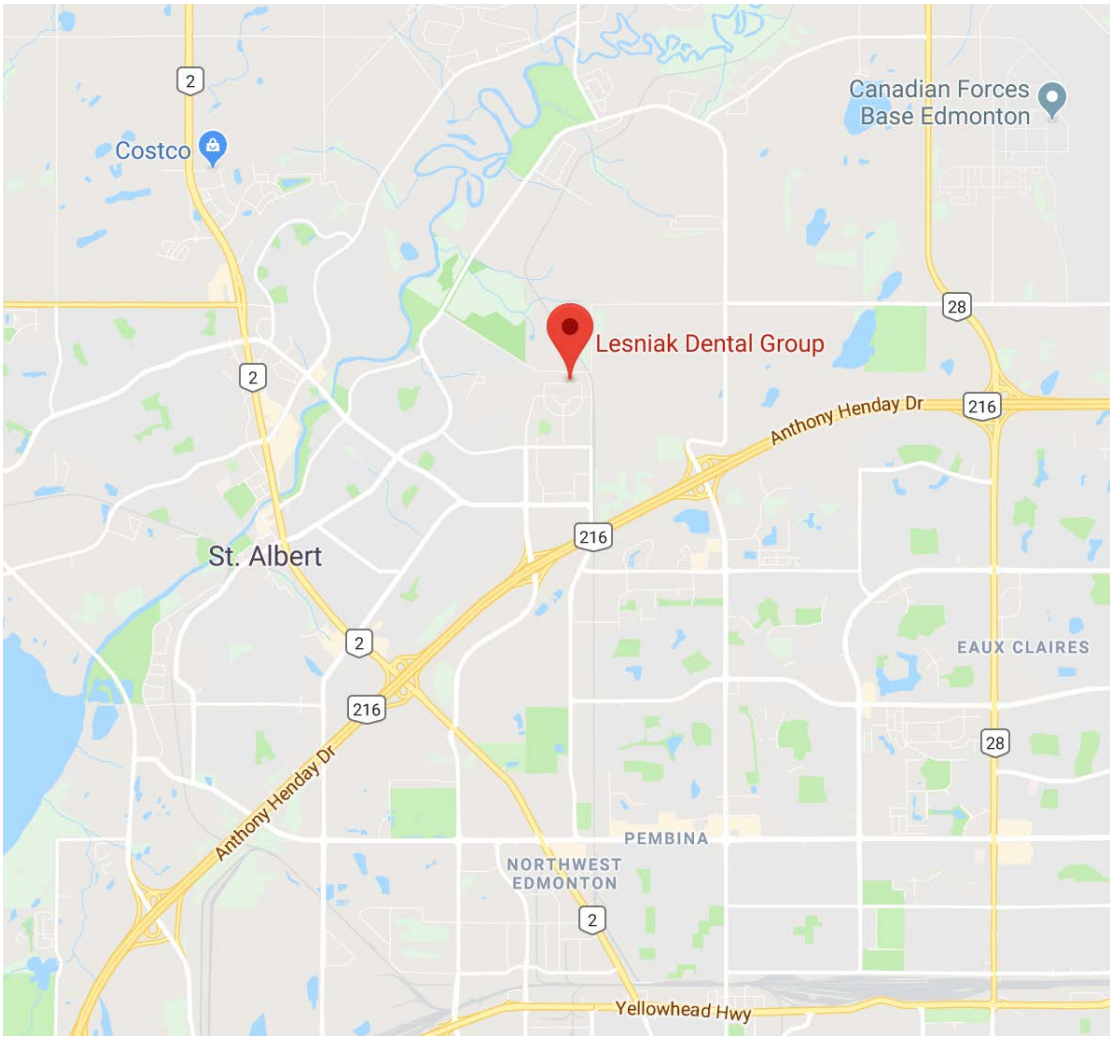

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