



info@clearlydental.ca

fax: 403-327-2133

Full Name: _____ Date: _____

Age: ____ Email : _____ Cell: _____

Please describe the reason for referral: _____

Does the patient have insurance for ortho? Y N

Will X-rays be provided? Y N

Is this for a consultation? (15 min) Y N

Would the patient like a **free assessment?** (1 hr) Y N



The Clear Alternative to Braces



Clearly Dental is at Suite #230, 104 13t North, above Dollarama. Entrance to the 2nd floor is "the green awning" West of the Dollarama (PLAZA 1 BUILDING)

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(please give original to patient)