



Warren J. Cohen* D.D.S. M.Sc. FRCD(C)
Specialist in Orthodontics

Introducing: _____

Referred by: _____ Date: _____

Please call 403. 282.7878 to schedule an examination visit.

Appointment

Date: _____ Time: _____ am/pm

During the examination appointment, we will discuss the extent of your orthodontic issues and determine when it would be the best time to begin. Also, we will provide you with all the financial and insurance information that you may require. Please allow up to 90 minutes for this appointment.

A map, with our office location highlighted, is on the reverse side.

Welcome to our practice, we look forward to meeting you!

Westmount Court, 340 - 5010 Richard Road SW Calgary, AB T3E 6L1

Phone: 403.282.7878 | Fax: 403.282.7788 | Email: info@westcalgarybraces.com

www.westcalgarybraces.com

*denotes professional corporation

Introducing: _____

Best Phone: (H, C, W) _____

Parent Name(s) (if applicable): _____ Adult Patient

Referred by: _____ Date: _____

Reason For Referral: Crowding Spacing Excessive overjet Underbite Cross bite
 Deep bite Open bite Perio-ortho concerns Pre-restorative concerns Missing/extra teeth
 Other (specify) _____

Date of last hygiene visit: _____ Preferred hygiene frequency: _____

Cleared periodontally to start orthodontics? Yes No

Does patient have a Panoramic Radiograph? No
 Yes, Date of Pan _____ Please forward to our office.

All necessary pre-orthodontic dental work is completed. It is permissible to begin treatment. Yes

No - the following dental work needs to be completed: _____

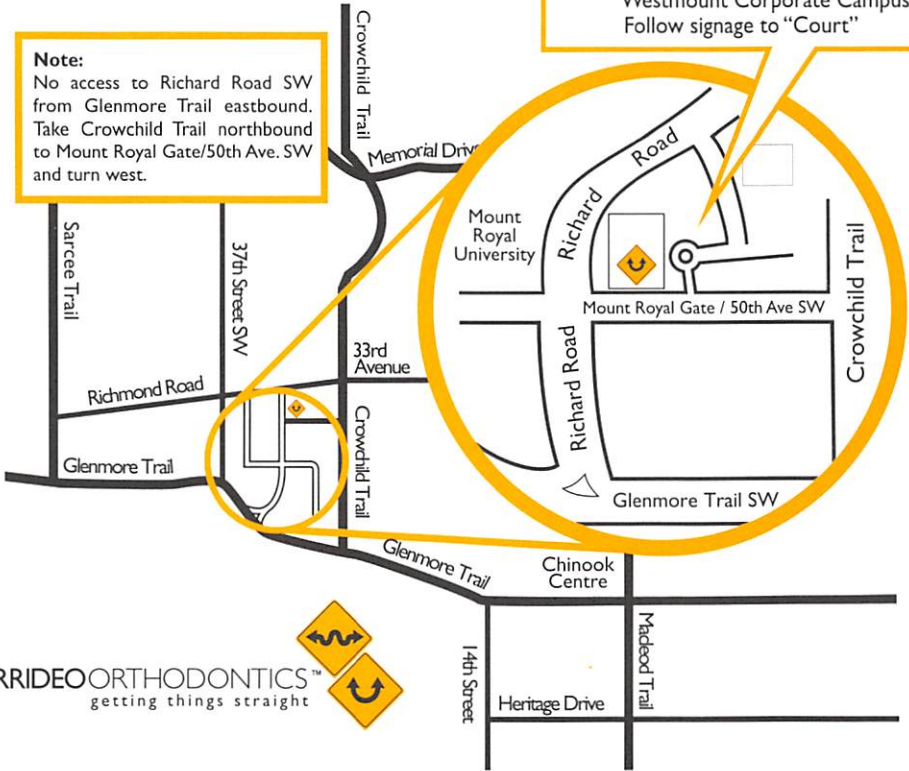
Any other information you feel would be helpful for us to know: _____



Note:

No access to Richard Road SW from Glenmore Trail eastbound. Take Crowchild Trail northbound to Mount Royal Gate/50th Ave. SW and turn west.

Note: Our office is located within the Westmount Corporate Campus Follow signage to "Court"



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getting things straight

