



PRIME DENTURE CLINIC LTD.

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Westminster Centre (3rd Floor)

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PATIENT REFERRAL

Introducing :

This patient is being referred for evaluation of the following:

Complete Denture

Reline / Rebase

Overdenture

Immediate Denture

Repair

Immediate Denture (Fixed Hybrid)

Partial Denture

Implant Denture

Consultation

Other : _____

“ For partial or implant cases please approve the condition of the abutment teeth
and / or bone condition”

Dentist Approval

Comments :

Referring Dr. Phone # :

Dentist Name (Please Print) :

Dentist Signature :

Please call me before proceeding with treatment

“ Taking you back to your prime ”