burke mountain
DENTURE CLINIC INC

Unit 2107 - 2850 Shaughnessy Street (Ground Level)
Port Coquitlam, BC V3C 6K5
Tel: 604-944.4910
bmdclinic@telus.net

PATIENT INFORMATION

Patient Name: _____

Telephone (Home): _____

Telephone (Cell): _____

Email Address: _____

APPOINTMENT SCHEDULED

Date: _____ Date: _____

PRIMARY PLAN

Insurance Company _____

Policy Holder: _____

DOB: _____

Group/policy #: _____

Certificate ID: _____

Basic Major Plan Max: _____

SECONDARY PLAN

Insurance Company _____

Policy Holder: _____

DOB: _____

Group/policy #: _____

Certificate ID: _____

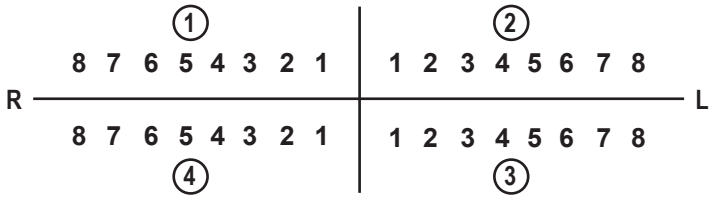
Basic Major Plan Max: _____

PATIENT STATUS *(please circle)*

☐ Partially edentulous ☐ Fully endentulous ☐ Implants

TREATMENT REQUESTED

- ☐ Complete upper denture
- ☐ Complete lower denture
- ☐ Immediate/Post Immediate upper denture
- ☐ Immediate/Post Immediate lower denture
- ☐ Partial upper denture (cast or acrylic)
- ☐ Partial lower denture (cast or acrylic)
- ☐ Complete upper denture on implants
- ☐ Complete lower denture on implants
- ☐ Repair or Reline to denture



XRAYS ATTACHED

PAN ☐ PA ☐ BW ☐

PREFERRED METHOD OF CONTACT: PHONE ☐ TEXT ☐ EMAIL ☐

Comments _____

Clinic Name/
Referring Doctor _____ **Tel** _____