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Implant Dentistry

Referral Fax

(the same information can also be emailed to: info@DrFrederickLi.com)
<webform available at: DrFrederickLi.com>

No Cover Sheet Required

Faxed Y/N
Date _____

From: _____

To: Frederick Li, DMD

Fax: 1-866-404-5091 (toll free)

Patient Name: _____ Insurance: Y/N

Home Phone: _____

Work Phone: _____

Cell: _____

Requires Premedication: Y/N

Reason For Referral:

Implants # _____

Extractions # _____

Bone Augmentation _____

Panorex - please circle: email/mail paper copy/both

Radiographs: Patient bringing radiographs

I am mailing radiographs

Please take radiographs

Comments: _____