


# Alpha Dental Care

Your Smile... Our Passion!

 #500 - 6455 MacLeod Trail SW  
Calgary, Alberta T2H 0K9

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Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

IV Sedation

Oral Sedation

Extractions Required:  Yes  No

Tooth Numbers: \_\_\_\_\_

Restorative Tx Plan: \_\_\_\_\_

\_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

Current Radiograph:

Sent with Patient

Emailed

Attached

No Current X-Ray

Referring Doctor: \_\_\_\_\_

Phone Number: \_\_\_\_\_