

**Vancouver**

1217 Kingsway  
Vancouver, V5V 3E2  
**Tel:** 604-336-7411 **Fax:** 604-336-7412  
**Email:** reception@blissoralwellness.ca

**Surrey**

170 - 9655 King George Blvd.  
Surrey, V3T 0C7  
**Tel:** 604-498-0100 **Fax:** 604-498-0244  
**Email:** info@blissoralwellness.ca

**Tri Cities**

215-3030 Lincoln Ave  
Coquitlam, V3B 6B4  
**Tel:** 604-336-7411 **Fax:** 604-336-7412  
**Email:** reception@blissoralwellness.ca

**Patient's name:** \_\_\_\_\_ **D.O.B** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Email:** \_\_\_\_\_

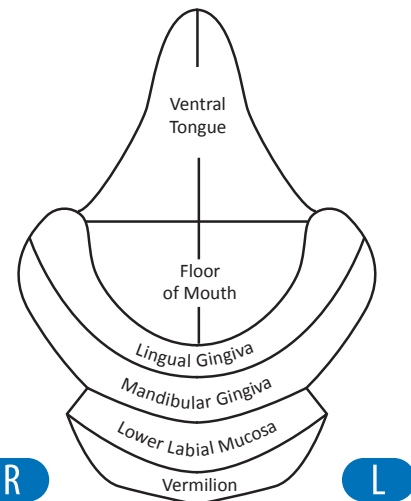
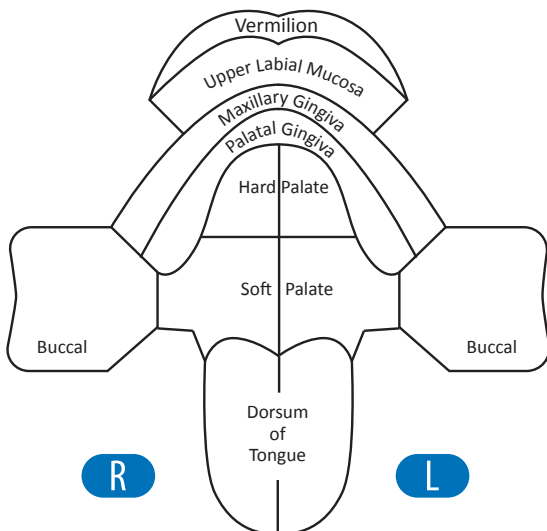
**Address:** \_\_\_\_\_ **P Code:** \_\_\_\_\_

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Oral Lumps and Bumps | <input type="checkbox"/> Ulcers, Red/ White/Pigmented-patch | <input type="checkbox"/> Taste changes/Halitosis |
| <input type="checkbox"/> Orofacial pain       | <input type="checkbox"/> Burning mouth syndrome             | <input type="checkbox"/> Sleep Apnea             |
| <input type="checkbox"/> TMJ pathology        | <input type="checkbox"/> Oral Cancer/Pre-cancer             | <input type="checkbox"/> Others                  |
| <input type="checkbox"/> Dryness of mouth     |   |  |

**Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Referring Doctor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Fax/Email:** \_\_\_\_\_



**DENTAL INSURANCE PLAN**

**Insurance Carrier:** \_\_\_\_\_ **Policy Holder Name:** \_\_\_\_\_

**Policy No:** \_\_\_\_\_ **I.D/Cert No:** \_\_\_\_\_

**Group No:** \_\_\_\_\_ **Date of Birth of Policy Holder:** \_\_\_\_\_