

☐ Nanaimo ☐ Parksville ☐ Ladysmith

Phone: 250 586 9995 / 604 498 0100 Fax: 604 498 0244

Email: info@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     |   |  |

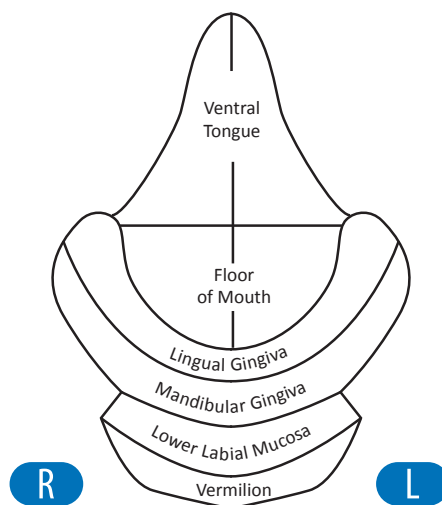
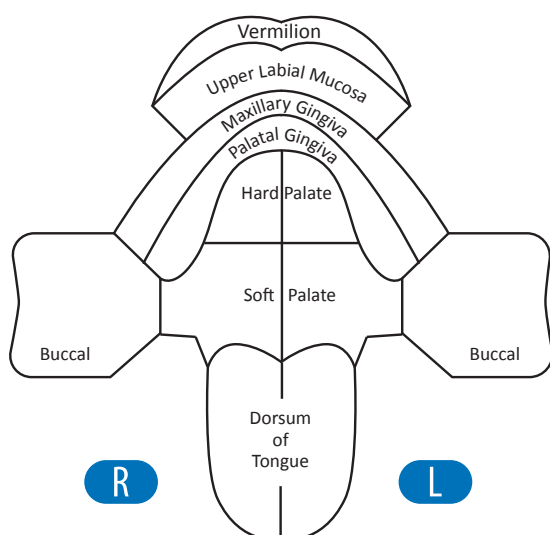
**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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