



Dr. Larry Stanleigh

Building Smiles, Changing Lives

Date:

Introducing:

Tel:

Cell:

FOR REFERRAL TO ADDRESS THE FOLLOWING: *(Check all that apply)*

- Orofacial Pain / TMJ Dysfunction
- Headache, Neck pain, Jaw pain
- Neuromuscular / Gneuromuscular dentistry
- Bruxism / Clenching
- Worn teeth
- Sports Performance Mouthguards
- Specific Concern (other) _____

REFERRED BY: _____

- Please FAX referral form to us and give original to patient
- Indicate if you want us to contact patient
or if patient will contact us
(Quote for first appointment can be given at time of booking)

 #102 - 636 45 Street SW
Calgary, AB T3C 2G2 *(map on back)*

 403 457 3240 **FAX** 403 457 3241

 drlarry@trecedental.com

 www.WildwoodDentalCalgary.com





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WILDWOOD DENTAL

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