

**Dr. Jerome Caouette, B.Sc., D.D.S.**



**General Dentistry  
Certified I.V. Sedation Provider**

4913 Gateway Blvd NW, Edmonton, AB T6H 5C3

P. 780.757.3723

F. 780.757.3750

E. [info@southcentraldentistry.com](mailto:info@southcentraldentistry.com)

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First mm/dd/yyyy

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: **H** \_\_\_\_\_ **W** \_\_\_\_\_ **C** \_\_\_\_\_

Patient Email: \_\_\_\_\_

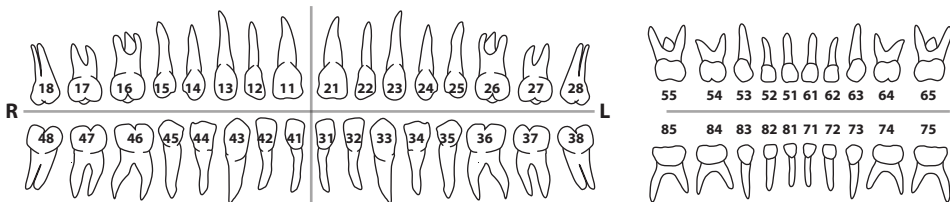
Patient Insurance Co: \_\_\_\_\_

Group/Plan # \_\_\_\_\_ Cert/ID # \_\_\_\_\_

Referring Doctor/Denturist: \_\_\_\_\_

Office: \_\_\_\_\_

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



**Please indicate teeth/surfaces to be evaluated or treated**

- Extractions/Wisdom Teeth    Bone Grafting    Dental Implants    Implants/Dentures    CBCT Scan  
 Preventative Care    Dental Restorations/Cosmetics    Endodontics    Bruxism/Botoc

Recommended treatment / Medical History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

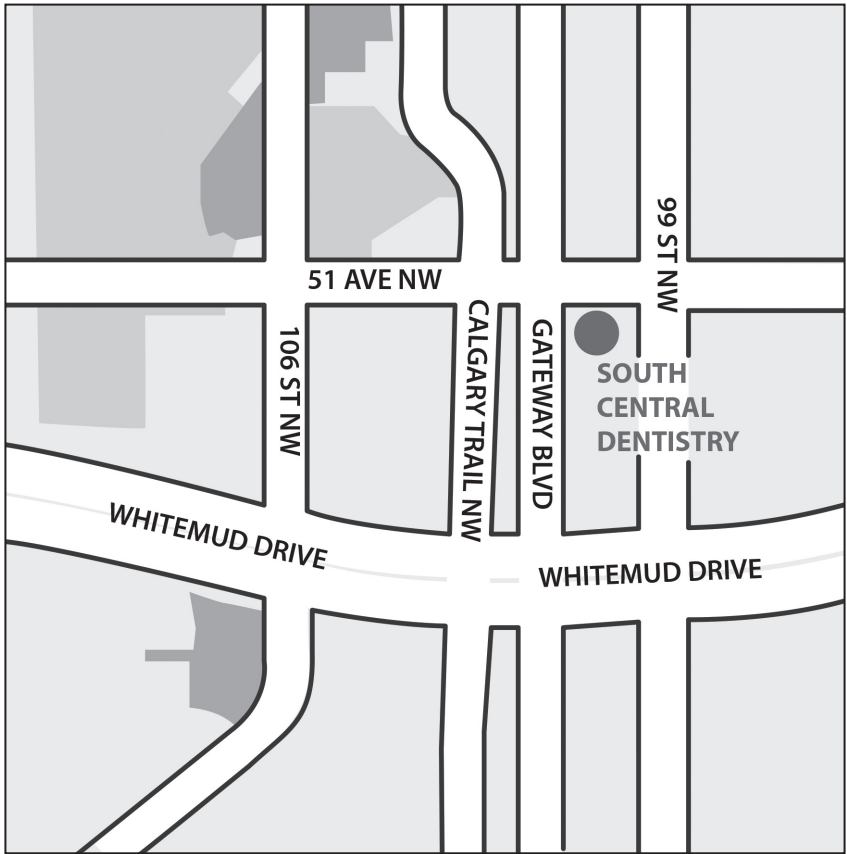
Radiographs    None   Date Taken: \_\_\_\_\_    Emailed    Sent with Patient

Is the patient considering sedation?    Yes    No

Oral and/or Nitrous Oxide    I.V. Sedation    Not sure

*On-line referrals can be submitted at [www.southcentraldentistry.com](http://www.southcentraldentistry.com)*

*Written referrals and x-rays can be emailed to [info@southcentraldentistry.com](mailto:info@southcentraldentistry.com)*



[www.southcentraldentistry.com](http://www.southcentraldentistry.com)