



South Edmonton
Prosthodontics
 Your Smile. Our Specialty.

Dr. Brian K.S. Kucey, Prosthodontist

Today's Date _____

Patient Name _____ D.O.B _____

Phone _____ Cell _____

Email _____

Reason for Referral:

- prosthodontic treatment
- pre-prosthetic surgery
- other _____
- failing restorations
- management of peri-implant diseases

Additional Information _____

Records Available:

- PA/BW
- PAN
- FMS
- CBCT
- Diagnostic Casts
- Photographs
- Probing
- Other

If digital records are available, please email info@SouthEdmontonPros.ca

Referring Doctor _____

Phone _____ Email _____

PLEASE SEND MORE REFERRAL PADS

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 Edmonton, AB T6H6A1
info@SouthEdmontonPros.ca

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Fax 780.462.2194

Toll Free 1.877.375.8239

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★ Calgary Trail NW	48 Ave. NW	Gateway Blvd. NW
	Whitemud Dr. NW	