



Dr. Rick Odegaard
ORTHODONTIST

REQUEST FOR AN ORTHODONTIC CONSULTATION

Please email, fax or fill out the online referral.

INTRODUCING:

PATIENT

M/F

D.O.B.

PARENT/GUARDIAN

ADDRESS

PHONE (Home)

(Cell)

(Work)

CHIEF CONCERN:

- Our office is to contact patient for appointment
- Patient will contact our office for appointment

FROM THE PRACTICE OF

DATE



Dr. Rick Odegaard
ORTHODONTIST

REFERRAL

You have been referred to our office by your dentist for an orthodontic evaluation. Please contact our office to schedule an appointment. You will find a map on the reverse of this form to aid you in locating our office. As a courtesy to your dentist, there is no charge for the initial orthodontic examination. There is no obligation to proceed with treatment. Our office is committed to excellence in orthodontic treatment and we look forward to meeting you.

250-374-8990
1-800-354-6488
FAX 250-374-3722

500 - 275 Lansdowne Street
Kamloops, BC, V2C 1X8

www.kamloopsorthodontist.com



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