



M I C R O ENDODONTICS | ENDODONTIST

Suite 1250
First Edmonton Place
10665 Jasper Avenue
Edmonton AB T5J 3S9

Manjinder S. Lalh*

B.Sc., D.D.S., F.R.C.D.(C)

*Professional Corporation

REFERRAL

PH: (780) 425-8930

FX: (780) 420-1744

Introducing:

W: edmontonmicroendo.com

E: info@edmontonmicroendo.com

Previous Patient _____ D.O.B.: _____

Address: Line 1: _____

Line 2: _____

P.C.: _____

Ph (Res): _____ Ph (Bus): _____ Ph (Cell): _____

Appointment Date and Time: _____

Patient's Insurance Company:

Group/Plan#: _____ Cert.#/ID#: _____

Secondary Insurance Company: _____

Group/Plan#: _____ Cert.#/ID#: _____

Employee: _____ D.O.B.: _____

Referred For:

Consultation Re: Tooth/ Teeth: _____ Area: _____

Endodontic Treatment for Tooth/Teeth: _____ Area: _____

Conventional Retreatment Surgical Post Space: Yes No

Relevant History:

Additional Considerations: (allergies, oral/intravenous sedation, general anesthesia, prophylactic antibiotics)

Referred by Dr. _____ Date: _____

Please send additional referral forms

Patients can log onto our secure website and conveniently complete their Patient Registration, Medical History and Pain History online prior to the appointment.

Please contact our office for an ID and Password: info@edmontonmicroendo.com

PLEASE SEE FOLLOWING FOR LOCATION MAP AND PARKING INFORMATION



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LOCATION MAP AND PARKING INFORMATION

MacEwan University

104 Avenue (Stony Plain Road)

103 Avenue

102 Avenue

P

Audrey's

Boston
Pizza

Jasper Avenue

Corona LRT Station

First Edmonton
Place

P

107 Street

106 Street



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PARKING TICKET MACHINES ARE CREDIT CARD OPERATED.