

Referral Introduction

KELOWNA AND WESTSIDE ORTHODONTIC CENTRES

Jeffrey A. Stewart, D.D.S., M.Sc.
Specialist in Orthodontics

#102-1110 Harvey Avenue
Kelowna, BC V1Y 6E7
(250) 763-3312
1-800-304-0007
Fax: (250) 763-3369
info@kelownabraces.ca

#200-2300 Carrington Road
West Kelowna, BC V4T 2N6
(250) 768-5573
Fax: (250) 768-5871
info@westkelownabraces.ca
www.kelownabraces.ca

Patient Name: _____ Birthdate: _____

Parents Names: _____ M / F _____

Mailing Address: _____

Telephone No. _____ Business No. _____

Referred by Dr. _____ Telephone No. _____ Date of Referral: _____

Orthodontic Insurance Coverage: YES NO

Concerns: _____
