Dr. Elisabeth SPECHT

General Dentist
BScPT, DDS, FAAHD
Preferred Area of Practice:
Dental Surgery & Sedation

PATIENT INFORMATION

(Patients must be 12 yr. or older for treatment with sedation)

Name_____ DOB: _____ Age: _____

Parent/Guardian:_____ Phone: _____

Email: _____

REFERRAL DETAILS

☐ Wisdom Teeth Extraction(s) +/- PRF ☐ Extraction(s) +/- PRF

☐ Oral Sedation +/- Nitrous Oxide ☐ Conscious IV Sedation ☐ Local Anesthesia only

Other: _____

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Please mark the required treatment, X for extraction

Height: _____ Weight: _____ BMI: _____ (**BMI must be <40** if any form of Conscious Sedation is to be provided)

Medical Conditions: _____ ☐ Healthy

Medications: _____ ☐ None

Recreational Drug Use: ☐ Y ☐ N Allergies: _____ ☐ No Other _____

THANK YOU

for your referral

Doctor: _____ Clinic: _____ Date: _____

Phone: _____ Email: _____ Fax: _____

Please e-mail radiographs & referral via SecureSend or Brightsquid (PAN should be <12mo old) to your location of choice:

☐ AIRDRIE: South Airdrie Smiles, 3001 - 130 Sierra Springs Dr.
Tel: 587.801.7094 info@southairdriesmiles.com

☐ BENTLEY: Bentley Family Dental, 5022 – 49th Ave
Tel: 403.658.8080 info@bentleyfamilydentistry.com

☐ LACOMBE: Lacombe Dental Clinic, 5015 – 51st St.
Tel: 403.782.3755 info@lacombedental.com

☐ MAYERTHORPE: Mayerthorpe Dental, 5002 – 51st St.
Tel: 780.786.2878 dr.eve@eastlink.ca

☐ RED DEER: Gasoline Alley Dental, 106 - 179C Leva Ave
Tel: 403.343.8622 hello@gasolinealleydental.com

☐ SYLVAN LAKE: Aurora Dental, 80 Hewlett Park Landing
Tel: 403.887.3222 sylvanlake@adental.ca

☐ STETTLER: Nordstrom Family Dental, 4802 – 49St
Tel: 403.742.5588 nordstromfamilydental@gmail.com

☐ CALGARY: My Dental Clinic, #143 - 2515 90Ave SW
Tel: 587.355.2653 info@mydentalclinic.ca