SEDATION CARE DENTISTRY

REFERRAL INTRODUCTION

Suite 200 - 2917 28th Ave, Vernon, BC, V1T 8L1
Office: 250-545-9057 Fax: 250-545-9157
Email: reception@sedationcare.ca **www.sedationcare.ca**

Dr. ANDREW N. HOKHOLD and ASSOCIATES

FOR OFFICE USE ONLY

WE ARE REFERRING ❑ Male ❑ Female MSP # _____ month / day / year

Patient _____ Guardian _____ Date of Birth _____

Address _____ Postal Code _____

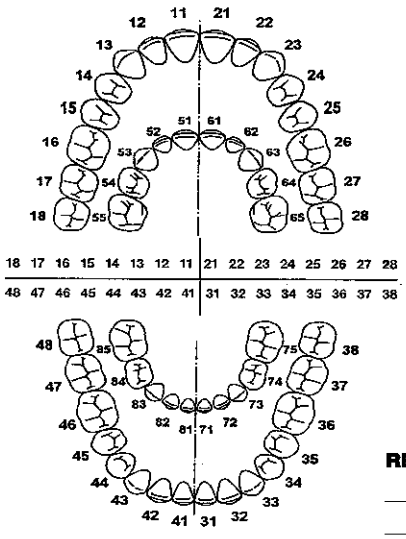
Phone _____ Business _____ Cellular _____

BODY MASS INDEX

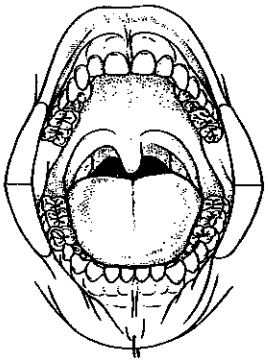
Measured Height _____cm Measured Weight _____kg Adult BMI _____ Child BMI _____

(see chart on back) **Please note that BMI >35 may require consultation with an Anaesthesiologist.*

OUTLINE AREA TO BE RESTORED & EXTRACTED



OUTLINE AREA TO BE BIOPSIED



INSURANCE INFORMATION

1ST CARRIER _____

Insured Name _____

Insured Birthdate _____

Employer _____

Group No. _____

I.D. No. _____

Dependant No. ____ % of Coverage _____

2ND CARRIER _____

Insured Name _____

Insured Birthdate _____

Employer _____

Group No. _____

I.D. No. _____

Dependant No. ____ % of Coverage _____

REASON FOR REFERRAL _____

SPECIAL MEDICAL ALERTS AND RELEVANT HISTORY include, but are not limited to: obstructive sleep apnea or CPAP use, home oxygen, diabetes/insulin use, history of heart attack/stroke/arrhythmia or pacemaker, developmental delay, complications with prior anesthesia, mental health issues, and/or relevant dental history.

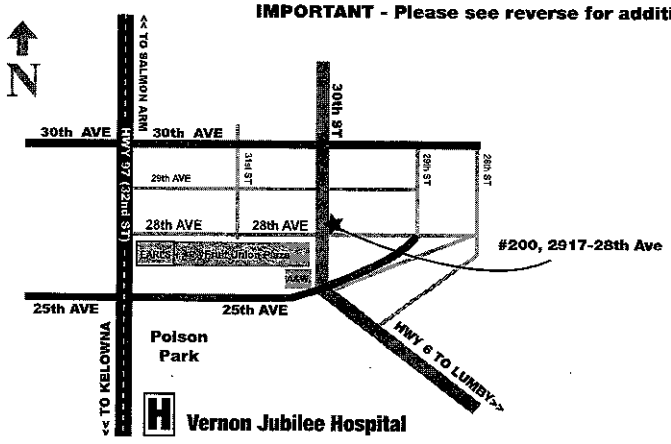
Referred by Doctor _____ **Phone** _____ **Date** _____

Email of referring Dental Office _____ (We endeavour to send treatment reports via email.)

❑ **Digital radiographs via email** ❑ **Radiographs enclosed** ❑ **Patient to bring radiographs** ❑ **Please take radiographs**

IMPORTANT - Please detach lower portion of referral form for patient

IMPORTANT - Please see reverse for additional instructions



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BODY MASS INDEX (BMI) CHART FOR ADULTS

WEIGHT	lbs	90	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290
	kgs	41	45	50	54	59	64	68	73	77	82	86	91	95	100	104	109	113	118	122	127	132
HEIGHT																						
ft/in	cm	Healthy		Overweight			Obese										Extremely Obese					
4'8"	142.2	20	22	25	27	29	31	34	36	38	40	43	45	47	49	52	54	56	58	61	63	65
4'9"	144.7	19	22	24	26	28	30	32	35	37	39	41	43	45	48	50	52	54	56	58	61	63
4'10"	147.3	19	21	23	25	27	29	31	33	36	38	40	42	44	46	48	50	52	54	56	59	61
4'11"	149.8	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	51	53	55	57	59
4'12"	152.4	18	20	21	23	25	27	29	31	33	35	37	39	41	43	45	47	49	51	53	55	57
5'1"	154.9	17	19	21	23	25	26	28	30	32	34	36	38	40	42	43	45	47	49	51	53	55
5'2"	157.4	16	18	20	22	24	26	27	29	31	33	35	37	38	40	42	44	46	48	49	51	53
5'3"	160.0	16	18	19	21	23	25	27	28	30	32	34	35	37	39	41	43	44	46	48	50	51
5'4"	162.5	15	17	19	21	22	24	26	27	29	31	33	34	36	38	39	41	43	45	46	48	50
5'5"	165.1	15	17	18	20	22	23	25	27	28	30	32	33	35	37	38	40	42	43	45	47	48
5'6"	167.6	15	16	18	19	21	23	24	26	27	29	31	32	34	36	37	39	40	42	44	45	47
5'7"	170.1	14	16	17	19	20	22	24	25	27	28	30	31	33	34	36	38	39	41	42	44	45
5'8"	172.7	14	15	17	18	20	21	23	24	26	27	29	30	32	33	35	37	38	40	41	43	44
5'9"	175.2	13	15	16	18	19	21	22	24	25	27	28	30	31	33	34	35	37	38	40	41	43
5'10"	177.8	13	14	16	17	19	20	22	23	24	26	27	29	30	32	33	34	36	37	39	40	42
5'11"	180.3	13	14	15	17	18	20	21	22	24	25	27	28	29	31	32	33	35	36	38	39	40
5'12"	182.8	12	14	15	16	18	19	20	22	23	24	26	27	28	30	31	33	34	35	37	38	39
6'1"	185.4	12	13	15	16	17	18	20	21	22	24	25	26	28	29	30	32	33	34	36	37	38
6'2"	187.9	12	13	14	15	17	18	19	21	22	23	24	26	27	28	30	31	32	33	35	36	37
6'3"	190.5	11	13	14	15	16	18	19	20	21	23	24	25	26	28	29	30	31	33	34	35	36
6'4"	193.0	11	12	13	15	16	17	18	19	21	22	23	24	26	27	28	29	30	32	33	34	35
6'5"	195.5	11	12	13	14	15	17	18	19	20	21	23	24	25	26	27	28	30	31	32	33	34
6'6"	198.1	10	12	13	14	15	16	17	18	20	21	22	23	24	25	27	28	29	30	31	32	34
6'7"	200.6	10	11	12	14	15	16	17	18	19	20	21	23	24	25	26	27	28	29	30	32	33
6'8"	203.2	10	11	12	13	14	15	16	18	19	20	21	22	23	24	25	26	27	29	30	31	32
6'9"	205.7	10	11	12	13	14	15	16	17	18	19	20	21	23	24	25	26	27	28	29	30	31
6'10"	208.2	9	10	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
6'11"	210.8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	25	26	27	28	29	30
						Underweight								Healthy					Overweight			Obese

BODY MASS INDEX (BMI) CHART FOR CHILDREN

WEIGHT	lbs	20	30	40	50	60	70	80	90	100
	kgs	9.07	13.61	18.14	22.68	27.22	31.75	36.29	40.82	45.36
HEIGHT										
in.	cm									
26	66	20.8	31.2	41.6	52	62.4	72.8	83.2	93.6	104
28	71.1	17.9	26.9	35.9	44.8	53.8	62.8	71.7	80.7	89.7
30	76.2	15.6	23.4	31.2	39.1	46.9	54.7	62.5	70.3	78.1
32	81.3	13.7	20.6	27.5	34.3	41.2	48.1	54.9	61.8	68.7
34	86.4	12.2	18.2	24.3	30.4	36.5	42.6	48.7	54.7	60.8
36	91.4	10.8	16.3	21.7	27.1	32.5	38	43.4	48.8	54.2
38	96.5	9.74	14.6	19.5	24.3	29.2	34.1	38.9	43.8	48.7
40	102	8.79	13.2	17.6	22	26.4	30.8	35.2	39.5	43.9
42	107	7.97	12	15.9	19.9	23.9	27.9	31.9	35.9	39.9
44	112	7.26	10.9	14.5	18.2	21.8	25.4	29	32.7	36.3
46	117	6.64	9.97	13.3	16.6	19.9	23.3	26.6	29.9	33.2
48	122	6.1	9.15	12.2	15.3	18.3	21.4	24.4	27.5	30.5
50	127	5.62	8.44	11.2	14.1	16.9	19.7	22.5	25.3	28.1
52	132	5.2	7.8	10.4	13	15.6	18.2	20.8	23.4	26
54	137	4.82	7.23	9.64	12.1	14.5	16.9	19.3	21.7	24.1
56	142	4.48	6.73	8.97	11.2	13.5	15.7	17.9	20.2	22.4

PATIENTS, PLEASE BE ADVISED:

1. You have been referred to us by your dentist and/or physician for specialized dental treatment.
2. Parents/legal guardians of an underage patient (18 years of age or younger) must attend the initial consultation appointment. In most cases, treatment will not be performed on the first visit.
3. Please wear short sleeve tops to your I.V. sedation appointment to facilitate the intravenous administration of sedative agents.
4. If sedation is being considered, you must bring someone over the age of 19 with you to the appointment as well as to supervise you after the appointment for a minimum of four (4) hours or more depending on the sedative agents utilized.
5. Please note that patients who receive sedation cannot drive vehicles or operate machinery for 24 hours.
6. For an I.V. sedation appointment, a deposit is due a minimum of 2 weeks prior to your appointment, and is NON-REFUNDABLE if you cancel within 72 hours or do not show for your appointment.
7. Payment for treatment rendered is due, in full, on the day of service. For your convenience, we accept cash, debit, credit, and e-transfers to reception@sedationcare.ca . If you have dental insurance, we will submit on your behalf for reimbursement directly to you.