



Referral for Orthodontic Treatment

South Delta Orthodontics

#100-1530 56th Street, Delta BC V4L2A8

Tel: (604) 948-0114 Fax: (604) 948-0145

info@southdeltaortho.com

Your Name: _____

How can we assist you and your patient?

Radiographs? Yes No

If you were able to take radiographs please forward either by electronic or conventional mail to our office.

Patient's Name: _____

Parents / Guardian's Name: _____

Contact Information:

Thank you for your referral!

Dr. Liat Tzur Gadassi

DMD, MSc - Certified specialist in Orthodontics