

**Dr. Don MacRae, D.M.D**

4405 3rd Street, Peachland, BC V0H 1X7

T: 250-767-6411 ext.2 | F: 250-767-6416

[www.peachlanddental.com](http://www.peachlanddental.com)



General Dentistry  
Oral Surgery  
Pediatric Dentistry  
General Anesthetic

Date: \_\_\_\_\_

Referring Dentist: \_\_\_\_\_

Introducing: \_\_\_\_\_ M: \_\_\_\_\_ F: \_\_\_\_\_ DOB: \_\_\_\_\_

Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

Postal Code

Cell. Tel: \_\_\_\_\_ Res. Tel: \_\_\_\_\_

18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28  
48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

55 54 53 52 51 61 62 63 64 65  
85 84 83 82 81 71 72 73 74 75

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Insurance Information**

Insurance Company #1: \_\_\_\_\_ Insurance Company #2: \_\_\_\_\_

ID Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Percentage: \_\_\_\_\_ Percentage: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

Policy Holder DOB: \_\_\_\_\_ Policy Holder DOB: \_\_\_\_\_

Dependent Number: \_\_\_\_\_ Dependent Number: \_\_\_\_\_

Please send X-Rays to: [info@peachlanddental.ca](mailto:info@peachlanddental.ca)

\*Hospital privileges at SUMMERLAND GENERAL HOSPITAL