

# Dr. Benjamin Pliska

DDS, MS, FRCD(C)

Certified Specialist in Orthodontics

## Aarm Dental Group on Beatty

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Introducing:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work) \_\_\_\_\_

Concerning:

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

- Please call to discuss       Radiographs are being sent  
 Radiographs enclosed / Please return

Referred by:

Dr. \_\_\_\_\_ Date of Referral \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

