#### **Referral Service For**

## **Dental Implant & Full Mouth Rehabilitation**

**Chrysalis Dental Centre** 

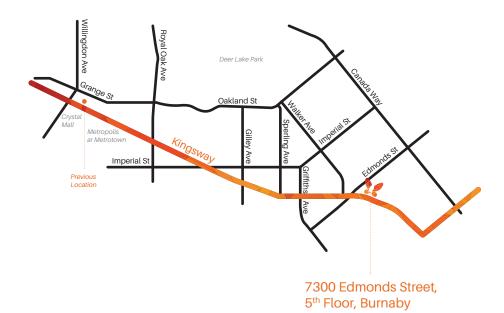
# Dr. Mark Kwon & Dr. Bernard Jin

Toda	ıy's D	ate:														
Patie	nt's l	Name	<b>:</b>													
Phone:								Other#:								
* Thi	s cor	sulta	ation	is for												
Call	604-	439-8	3885	to bo	ok a	n app	oointr	ment	ı	Please	forward	d denta	l benef	it inforr	nation	
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	
Op (For To Chrysa	ransfer alis De	1: Ch mour ntal La	irysalis nt case aborato eferrin	s Dent s only, ory) g dent	it will	be sen	Skyca t to CD their c				uth Re		tructi	on Fixed	d	
X-Rays Emailed Please take necessary radiograph													phs			
E	BITES	Insti	tute r	neml	oer		* [	Please r	note w	e do no	ot acce	pt assi	gnmei	nt of be	enefits	
	erred ce Sta			ess 8	· Pho	ne)										
Docto	or's S	ignatı	ure :													

\*Please fill out the form and fax to 604-439-7881 and keep the bottom copy in the chart

Dr. Mark Kwon | Dr. Bernard Jin | Dr. Rita Lau | Dr. Jamie Yeon **7300 Edmonds Street, 5<sup>th</sup> Floor, Burnaby, BC, Canada V3N 0G8** tel. 604 439 8885 info@implantmagic.com www.implantmagic.com





#### By Transit:

From Edmonds Station, take #106 Bus via New West Stn, get off at Edmonds street @ Linden St. Walk 2 mins to 7300 Edmonds Street. or #119 Bus via Metrotown Stn, get off at Kingsway @ Walker Ave, Walk 2 mins towards Edmonds Street to 7300 Edmonds Street We are located on the 5th floor.

### Parking information:

There is a free parking entrance at Edmonds street @ Linden Ave (blue "P" sign)

Please park at Level 1, 2 or 3, take the elevator to the 5th floor.



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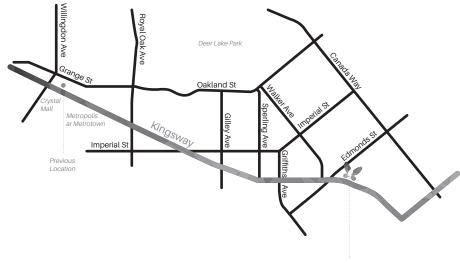
## Dr. Mark Kwon & Dr. Bernard Jin

Toda	y's D	ate:													
Patient's Name :															
Phon	e:						Other#:								
* Thi	* This consultation is for														
Call 604-439-8885 to book an appointment Please forward dental benefit infor													it inforr	nation	
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
* Implant Surgery Only  → Final impression by  Option #1: Chrysalis Dental Centre → Skycad (For Transfer mount cases only, it will be sent to CDL; Chrysalis Dental Laboratory)  Option #2: Referring dentist → Lab of their choice  * Full Mouth Reconstruction  → Removable □ Fixed  Fixed  Doctor's Comments:															
X-Rays Emailed Please take necessary radiographs															
BITES Institute member														enefits	
	erred ce Sta	-		ess &	· Pho	ne)									
Docto	r's S	ignatı	ıre :												

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