Svetlana Lopareva R.D.
DENTURE CLINIC

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Vancouver, BC
V5P 1P3

Phone: 604.677.0061
Fax: 604.677.3036
Emergency: 778.389.5072

Date of Referral: _____

Patient's Name: _____

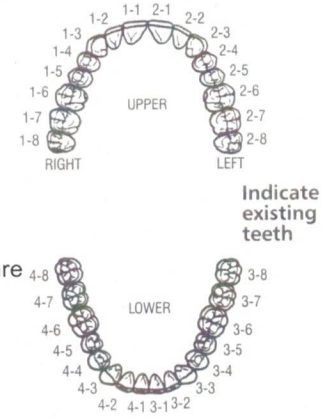
Date of Birth: _____

Address: _____

_____

_____

- ❑ Consultation/Examination
- ❑ Immediate Denture
- ❑ Denture Repair
- ❑ Partial Denture
- ❑ Complete Single Denture
- ❑ Complete Upper and Lower Denture
- ❑ Denture Over Implants
- ❑ Reline or Rebase



Referring Doctor's Comments: _____

_____

_____

Doctor's Name: _____