



DR. PAMELA BARIAS

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CERTIFIED SPECIALIST IN PROSTHODONTICS

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Introducing _____

DOB _____ Tel _____ Cell _____

- | | |
|--|--|
| <input type="checkbox"/> Please call patient | <input type="checkbox"/> Patient will call |
| <input type="checkbox"/> Radiograph enclosed | <input type="checkbox"/> Please take any necessary radiographs |
| <input type="checkbox"/> Study casts available | |

REASON FOR REFERRAL:

- Comprehensive examination
- Specific examination

INDICATE AREAS OF CONCERN:

Referred by Dr. _____

APPOINTMENT DATE: _____ **TIME:** _____



PARKING:

There is underground parking under the building. Entrance to garage is off Willow St.

There are also other parking lots and street parking by meter nearby. Our office does not validate any parking tickets.

SKYTRAIN:

Take Canada Line to Broadway Station. Take the 99 bus westbound (one stop) to Willow St.