



DR. PAMELA BARIAS

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CERTIFIED SPECIALIST IN PROSTHODONTICS

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Introducing _____

DOB _____ Tel _____ Cell _____

- Please call patient
- Radiograph enclosed
- Study casts available
- Patient will call
- Please take any necessary radiographs

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.