



**CALGARY**  
Crowfoot Business Centre  
Suite #303  
400 Crowfoot Cres. N.W.  
Calgary, Alberta T3G 5H6

[www.corylissortho.ca](http://www.corylissortho.ca)

Phone: (403) 287-0746 | Fax: (403) 287-0756

E-mail: [info@corylissortho.com](mailto:info@corylissortho.com)

---

## Referring Doctors...

Thank you for your referral!

We pride ourselves in providing our mutual patients with quality care & superior customer service. If at anytime you feel we are not providing that standard of care, please contact our office immediately.

- We reserve 60 minutes for our initial orthodontic examinations.
  - We offer a complimentary series of intra and extra-oral digital photographs.
  - We take can ICAT 3D scan.
  - Complete a thorough exam.
  - Treatment plan discussion.
  - Dr. Liss will answer all questions or concerns.

Online referrals can be submitted on our website @  
[www.corylissortho.ca](http://www.corylissortho.ca)

Thank you for your confidence & continued support.

---



**CALGARY**  
Crowfoot Business Centre  
Suite #303  
400 Crowfoot Cres. N.W.  
Calgary, Alberta T3G 5H6

[www.corylissortho.ca](http://www.corylissortho.ca)

Phone: (403) 287-0746 | Fax: (403) 287-0756

E-mail: [info@corylissortho.com](mailto:info@corylissortho.com)

**Please Contact Patient**

**Patient Will Contact Your Office**

Referring Dentist: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Location (if more than one): \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's Date of Birth: (month / day / year) \_\_\_\_\_

Guardian/Parent's Name (if applicable): \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Referral Concerns:**

\_\_\_\_\_

**Patient's Current Preventative, Restorative & Periodontal Health:**

In Good Dental Health

Patient Requires: \_\_\_\_\_

**Current / Applicable Radiographs &/or Models**

Will Accompany Patient

Will Be Mailed

Will E-mail

Are Not Available

Please Send Additional Referral Pads



## CALGARY

Crowfoot Business Centre  
Suite #303  
400 Crowfoot Cres. N.W.  
Calgary, Alberta T3G 5H6

[www.corylissortho.ca](http://www.corylissortho.ca)

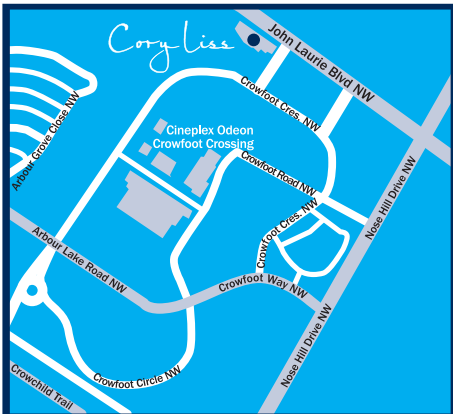
Phone: (403) 287-0746 | Fax: (403) 287-0756

E-mail: [info@corylissortho.com](mailto:info@corylissortho.com)

*Please ask us how you can register for our interactive website at your first appointment. We are excited to offer all our patients secure personal online access 24-hours-day, 7-days-week to information, such as appointments & accounts, and so much more!*

### Instructions to patients:

- You have been referred to an orthodontist for specialized care. Our office will make every effort to make your visit with us a comfortable experience. Your initial assessment will be 60-90 minutes, as we reserve sufficient time for your thorough examination, diagnostic records, and to answer all of your questions.
- Help us prepare for your 1<sup>st</sup> appointment by completing your medical history, personal data, and informed consent forms in advance which have been e-mailed to you.
- If you have orthodontic insurance, you will want to become familiar with the specifics prior to your visit with us. If you have questions about insurance, please call our office.
- Dr. Liss will be answer any questions you may have, so it's important that any decision makers are at this appointment.
- To save you time from work/home/school in many cases, we can offer same day starts.



## CALGARY

Suite #303, 400 Crowfoot Cres. N.W.  
Calgary, Alberta T3G 5H6  
In the Crowfoot Business Centre,  
next to Alberta Treasury Branch.