



# TRUEFIT

## DENTURE CENTRE

---

### WE ARE REFERRING

Patient Name \_\_\_\_\_

### REASON FOR REFERRAL/COMMENTS

Immediate Dentures

Denture Over Implants

Complete Dentures

Reline/Soft Reline/Rebase

Partial Dentures

Repair/Denture Cleaning

Other \_\_\_\_\_

Referring Doctor \_\_\_\_\_ Tel \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Tel: (604) 503-1190 • Fax: (604) 503-1191**  
**info@truefitdenture.ca • www.truefitdenture.ca**

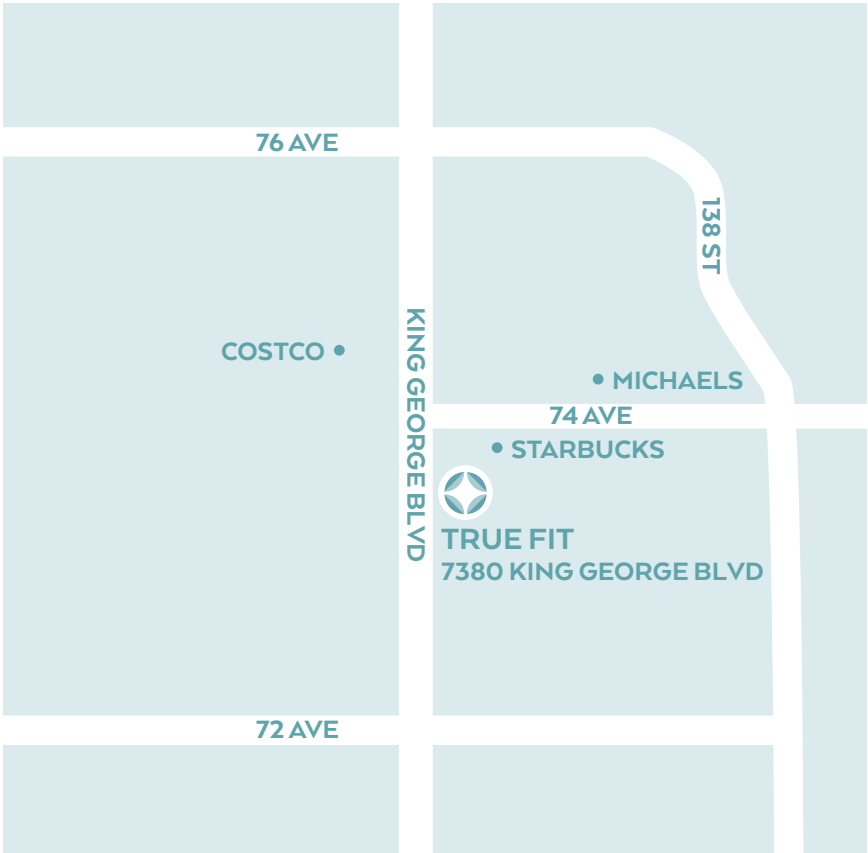
504—7380 King George Blvd • Surrey, BC V3W 5A5  
**NEW PATIENTS WELCOME**



# TRUEFIT

DENTURE CENTRE

504-7380 King George Blvd • Surrey, BC V3W 5A5



Tel: (604) 503-1190 • Fax: (604) 503-1191  
info@truefitdenture.ca • www.truefitdenture.ca