HELIOS ORTHODONTICS

Referral by

HEALTH

PROVIDER:_____

CLINIC:_____

ADDRESS:_____

PHONE#:_____

PATIENT

NAME:_____

☎#:_____

EMAIL:_____

ADDRESS:_____

_____

INDICATIONS

PREFERRED APPLIANCE_____

_____

REASONS FOR REFERRAL:_____

_____

_____

_____

_____

ADDITIONAL PERTINENT INFORMATION:

_____

_____

_____

_____

_____

_____

_____

CONTACTS

☎#: (604) 565 1080

FAX#: (604) 565 1082

heliosorthodontics.com

scan to make an appointment

WWW.HELIOSORTHODONTICS.COM INFO@HELIOSORTHODONTICS.CO

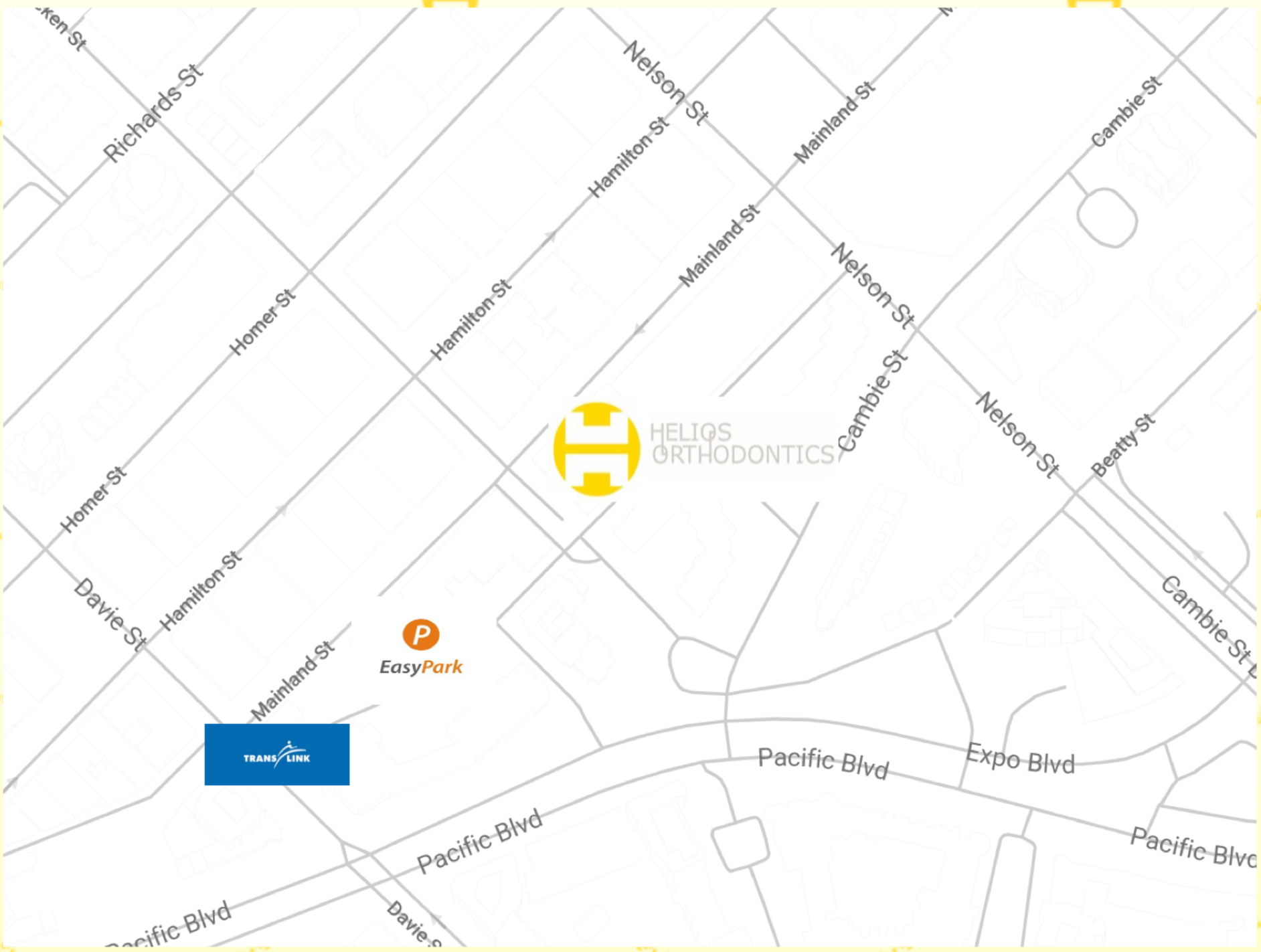
DR. KENNETH LAM D.M.D., MSC. , FRCD(C)

DR. SIDDHARTH VORA B.D.S., MSC., PHD. , FRCD(C)

CERTIFIED SPECIALIST IN ORTHODONTICS

OUR ADDRESS:

125-1080 MAINLAND ST
VANCOUVER BC V6B 2T4



DR. SID VORA & DR. KEN LAM ORTHODONTISTS