



Dr. Tracey L. Clark, Prosthodontist | #201 - 1406 8th Street East, Saskatoon, SK S7H 0T1 | phone (306) 651-1406 | fax (306) 651-1484

Date of Referral: _____

Referring Dentist Information:

Name : _____

Address: _____

Phone: _____

Email: _____

Patient Information:

Name: _____

Address: _____

Phone: _____

Email: _____

Date of Birth: _____

Reason for Referral:

Please include relevant radiographs and reports.
RADIOGRAPHS (pantomographs, complete mouth series and periapical) can be emailed
to: artisan.dental.sask@gmail.com

Date: _____ **Referring Dentist Signature:** _____