



Dr. Tarek El-Bialy, PhD, FRCDC(C), EMBA

Certified Specialist in Orthodontics

10150 - 114 Street NW Edmonton, AB T5K 2L2

Tel: 587-988-6684 | Fax: 780-732-9345

Toll Free: 1-855-777-3369

Email: frontdesk@SphinxOrthodontics.com

Website: www.SphinxOrthodontics.com

REFERRAL FORM

Patient Name: _____ **Birthdate:** _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Phone: _____ **Email:** _____

Guardian Name (if applicable): _____

Consultation regarding: _____

Invisalign Rx Therapy

Lingual Orthodontics

Full Bonding Therapy _____

Phase I Orthodontic Treatment

Space Management, local problems _____

Surgical Orthodontics. Please Describe: _____

Others: _____

Referral Slip Requested

Referred by Dr. _____