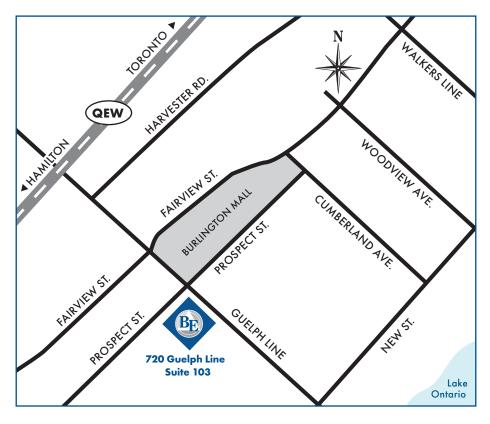


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PATIENT'S INFORMATION	
Name	
Phone Number	D.O.B
Email Address	
STATUS	
Tooth/Area in Question	
Medications Prescribed	
Name of Referring Doctor	
DOCTOR'S OBSERVATIONS & OTHE	ER PERTINENT INFORMATION





## Parking available at 720 Guelph Line Enter from Prospect Street

For your convenience, we accept payments by VISA, MASTERCARD, AMERICAN EXPRESS, DEBIT & CASH.

Our Office does not accept payment directly from Dental Insurance Companies.









