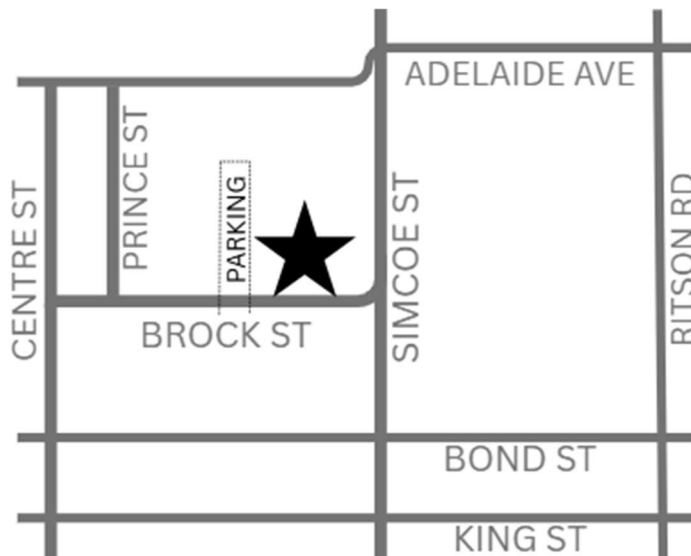




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 Oshawa, Ontario  
 T: 905.725.3511 F: 905.725.5008  
 Email: info@LDCteam.ca



**Dr. H. S. Bedi, DMD**  
 GENERAL DENTIST

**Dr. Kevin Baweja, DDS**  
 ENDODONTIST

**Dr. Grant Lu**  
 ANESTHESIOLOGIST

**Dr. Jeff Li, DMD**  
 PERIODONTIST

REFERRING DOCTOR \_\_\_\_\_ DATE \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

\*IF CBCT, PROVIDE EMAIL ASSOCIATED WITH CANARAY ACCOUNT

PATIENT NAME \_\_\_\_\_ DOB \_\_\_\_\_ DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_ INSURANCE: YES NO CDCP

\_\_\_ CONSULTATION

TOOTH NUMBER(S): \_\_\_\_\_

\_\_\_ EXTRACTION

SPECIFIC COMMENTS: \_\_\_\_\_

\_\_\_ IMPLANT SURGERY

\_\_\_ ROOT CANAL THERAPY

\_\_\_ PERIO. TREATMENT

\_\_\_ CBCT RADIOGRAPH

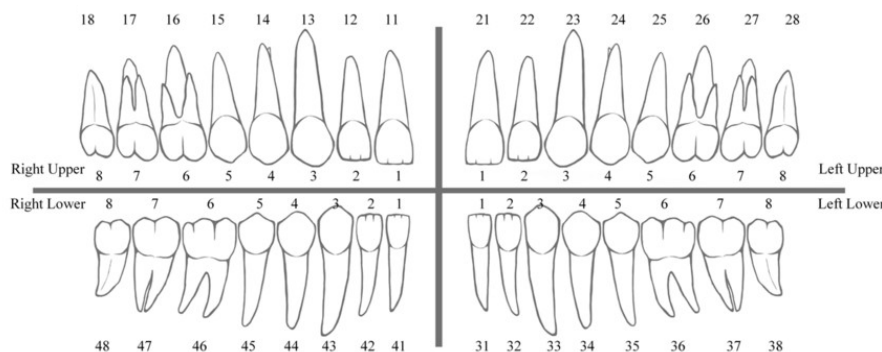
\_\_\_ FOR RCT

\_\_\_ FOR ORTHO

\_\_\_ FOR WISDOM TEETH

\_\_\_ FOR IMPLANT

BRAND/PRODUCT LINE \_\_\_\_\_



X-RAYS: \_\_\_ WILL SEND \_\_\_ PLEASE TAKE

\_\_\_ GENERAL ANESTHESIA/IV SEDATION

\_\_\_ PATIENT WILL CALL TO SCHEDULE

\_\_\_ PLEASE CONTACT PATIENT TO SCHEDULE