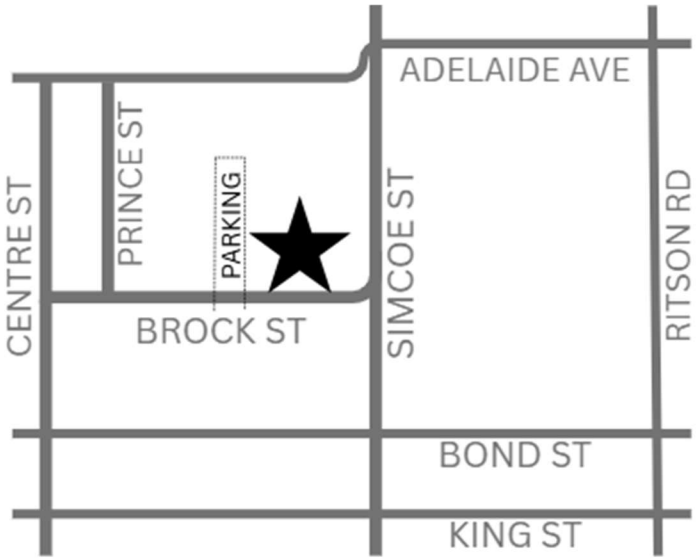
LAKERIDGE DENTAL CENTRE

16 Brock Street West
Oshawa, Ontario
T: 905.725.3511 F: 905.725.5008
Email: info@LDCteam.ca



Dr. H. S. Bedi, DMD	**Dr. Kevin Baweja, DDS**	**Dr. Jeff Li, DMD**	**Medical Anesthesiologists**
GENERAL DENTIST	ENDODONTIST	PERIODONTIST	GENERAL ANESTHESIA

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

REFERRALS FOR TREATMENT:

____CONSULTATION
____EXTRACTION
____IMPLANT SURGERY
____ROOT CANAL THERAPY
____PERIO. TREATMENT
____GENERAL ANESTHESIA/IV SEDATION
____OTHER

REFERRALS FOR CBCT RADIOGRAPHS:

PLEASE INDICATE THE PURPOSE OF CBCT IMAGING

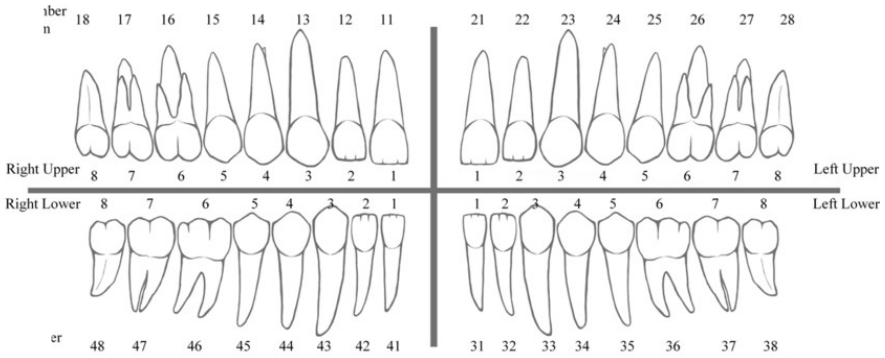
____ RCT/CRACKED TOOTH/VITALITY
____ PATHOLOGY
____ TMJ
____ ORTHO
____ WISDOM TEETH EXTRACTIONS
____ IMPLANT PLANNING, BRAND _____

TOOTH NUMBER(S):_____

SPECIFIC COMMENTS:_____

_____

_____



X-RAYS: ____WILL SEND ____PLEASE TAKE

____PATIENT WILL CALL TO SCHEDULE
____PLEASE CONTACT PATIENT TO SCHEDULE