MEADOWBROOK DENTAL CENTRE

613-546-6865

open Monday to Thursday 8am to 4pm, Friday 8am to 3pm

From the office of:

_____

Introducing: Name: _____

Address: _____

_____

Phone: _____

Date of Birth: _____

In regard to:
- ☐ Evaluation for Implant
- ☐ Extractions
- ☐ Sedation
- ☐ Tissue/Bone Grafting
- ☐ Restorations
- ☐ Other _____

Diagnostic Materials available?
- ☐ Radiographs
- ☐ Study Models
- ☐ Photographs

Pertinent Medical History:

Proposed Treatment/Additional Information:
Please include if any treatment has been attempted and if sedation has been used.

Please Fax to 613-542-9511 or Email to referrals@mbdc.info
or visit us at MeadowbrookDentalCentre.com

*** All patients will be returned to referring dentist for continuing care.**
*** ODSP/OW payments will not be accepted for patients 12 years and older.**