

BACK



**Markham
Oral
Surgery**

3000 Highway 7 East, Suite 208
Markham, Ontario L3R 6E1
Tel: 905-513-6673
Fax: 905-513-6679

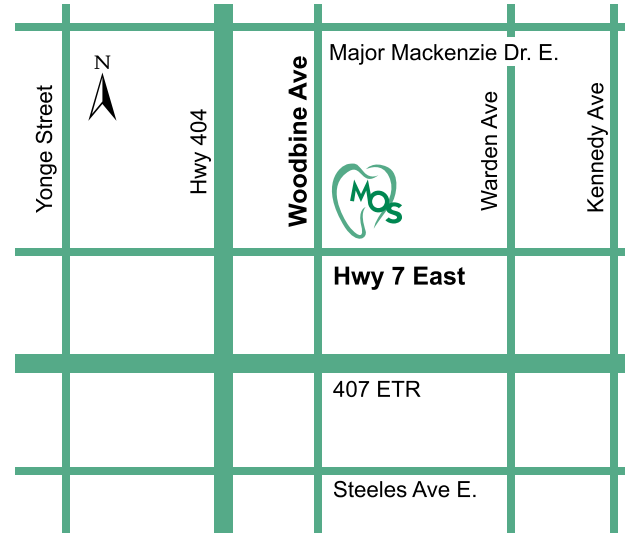
Please bring the following to your appointment:

- This referral form
- Any X-rays given to you by your dentist
- A list of your current medications
- Contact information for your doctors
- Dental insurance details

We are located at the northeast corner of Woodbine Ave and Highway 7 East in Michael-Angelos Marketplace, 2nd Floor (above Sleep Country).

Hours of business are extended to include Saturdays. Ample free parking.

Please allow at least 48 hours notice in case of cancellation.



FRONT



**Markham
Oral
Surgery**

Dr. Benjamin A. Lin
B.Sc., D.D.S., F.R.C.D.(C), Dipl. ABOMS
Oral & Maxillofacial Surgeon

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Markham, Ontario L3R 6E1
Tel: 905-513-6673 Fax: 905-513-6679
info@MarkhamOralSurgery.com

Appointment Date: _____ Time: _____

Introducing: _____ Referred by: _____

Reason for Referral:

- Extractions
- Implants - Specify Area
- Bone grafting / Sinus lift
- Pathology / Biopsy
- TMJ - Facial Pain
- Pre-prosthetic
- Orthognathic Surgery
- Other
- Please discuss sedation/GA

- X-Rays: Please take
 Sent with patient
 Mailed/E-mailed

1	RIGHT	E	D	C	B	A		A	B	C	D	E		LEFT	2	
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
4				E	D	C	B	A	A	B	C	D	E			3

Remarks or Special Instructions: _____

Signed: _____ D.D.S.