



# Toronto East Maxillofacial Surgery

DR. ADAM KAPLAN  
DR. REN CHANG  
Oral and Maxillofacial Surgeons

Referring Dr.: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Dr. Phone & Email: \_\_\_\_\_

Patient: \_\_\_\_\_  
First Name Last Name

Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Extraction    | <input type="checkbox"/> Exposure of Impacted teeth        |
| <input type="checkbox"/> Implant       | <input type="checkbox"/> Orthognathic Surgery              |
| <input type="checkbox"/> Bone Grafting | <input type="checkbox"/> Temporary Anchorage Device        |
| <input type="checkbox"/> Sinus Lift    | <input type="checkbox"/> Temporomandibular Joint Disorders |
| <input type="checkbox"/> Pathology     | <input type="checkbox"/> Pediatric Treatment               |
| <input type="checkbox"/> Infection     | <input type="checkbox"/> Trauma                            |
| <input type="checkbox"/> Sleep Apnea   | <input type="checkbox"/> Other                             |

### Please Check Teeth Or Areas To Be Evaluated:

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

Remarks Or Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Radiographs:**  Being Mailed  Given To Patient  Please Take  
 Send Copies Of Radiographs  Emailed To admin@temfs.com



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## IMPORTANT INFORMATION TO READ

- If rescheduling your appointment is necessary, 48 hours notice is required or a fee will be charged for the time reserved.
- If you require sedation, have no food or drink for eight hours prior to your appointment and arrange to have someone accompany you home.
- Minors must be accompanied by a parent or legal guardian.
- Bring this form with you for your appointment.
- Payment for your treatment is required at the time of your appointment via Visa, Mastercard, debit or cash.
- Please wear clothing with short sleeves.
- For patients wearing contact lenses, please bring your carrying case.