

Toronto East Maxillofacial Surgery

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

Referring Dr.:				Date:		
Referrin	g Dr. Phone & Ema	il:				
Patient:						
	First Name			Last Name		
Mobile:	bile: Work Phone:			Email:		
Appoint	ppointment Date:			Time:		
000000	Implant Bone Grafting Sinus Lift Pathology Infection		000000	Exposure of Impacted teeth Orthognathic Surgery Temporary Anchorage Device Temporomandibular Joint Disorders Pediatric Treatment Trauma Other		
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Remarks Or Special Instructions:						
Radiogr	aphs: ☐ Being Ma ☐ Send Cop			☐ Please Take ☐ Emailed To adm	nin@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.