Finch Oral Surgery

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Scarborough, ON M1S 4V5
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Email: info@finchoralsurgery.com
Website: www.finchoralsurgery.com

☐ Dr. Edwin Chau ☐ Dr. Tommy Fok

Patient name: _____
DOB: _____
Tel: _____ Cell: _____

Date: _____
Reason for referral:

Permanent *Primary*

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

☐ Consultation
☐ Extraction: ☐ Local anesthetic ☐ Nitrous ☐ Sedation ☐ Hospital
☐ Implant: ☐ Dentsply EV ☐ Dentsply TX ☐ Nobel ☐ BioHorizons
☐ Pathology: *please specify location* _____
☐ TMD/Myofascial pain
☐ Others: *specify* _____

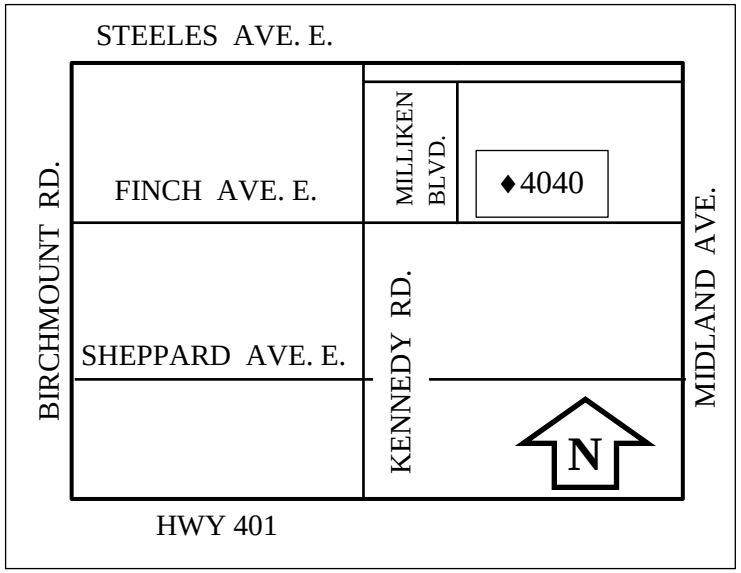
Additional notes: _____
_____
_____
_____
_____

Radiographs:
☐ Mailed ☐ Emailed ☐ With patient ☐ To be taken

Referring dentist name:_____
Address: _____
Tel: _____ **Fax:** _____

Thank you for your kind referral!

Map & Instructions →



IMPORTANT INFORMATION TO READ

- If you are rescheduling your appointment, 48 hours notice is required or a fee will be charged for the time reserved
- If you require nitrous or sedation, **do not have any food or drink for 8 hours prior to your appointment and arrange to have someone accompany you home by car or taxi and be with you for 24 hours**
- Minors must be accompanied by parent or legal guardian
- Please wear clothing with short sleeves
- For patients wearing contact lenses, please wear your prescription glasses

PAYMENT FOR YOUR TREATMENT IS DUE AT TIME OF YOUR APPOINTMENT

We accept VISA, Mastercard, debit or cash

WE DO NOT ACCEPT ASSIGNMENT
We will submit to your insurance on your behalf.