

Perry H. Trester Inc., D.M.D., F.R.C.D.(C), F.A.D.S.A., F.I.C.D., F.A.C.D.
 Eugene Marks Inc., D.M.D., F.R.C.D.(C), F.A.D.S.A.
 H. Tony David Inc., D.M.D., M.S.
 Ali M. Sadeghi, D.M.D., M.D., F.R.C.D.(C)

CERTIFIED SPECIALISTS IN
 ORAL AND MAXILLOFACIAL SURGERY
 www.tmdoms.com



- Downtown Office: 509 - 1128 Hornby Street, Vancouver, B.C. V6Z 2L4
Telephone (604) 688-7781 24 Hour Answering Service
 Toll Free 1-800-663-0793 Fax (604) 683-2203 Email tmdrester@telus.net
- North Vancouver Office: 203 - 140 West 15th Street, North Vancouver, B.C. V7M 1R6
Telephone (604) 985-0505 24 Hour Answering Service
 Fax (604) 985-7665 Toll Free 1-800-663-2324 Email tmdmarks@telus.net
- Port Coquitlam: Pooo Place, 230 - 2755 Lougheed Highway, Port Coquitlam, B.C. V3B 5Y9
Telephone (604) 464-6833 24 Hour Answering Service
 Fax (604) 464-3168 Toll Free 1-800-667-3339 Email tmdavid@telus.net

WE ARE REFERRING

Patient _____ Birth Date _____
 Guardian (if applicable) _____
 Address _____ City _____
 Telephone Res. _____ Bus. _____
 Referred by _____ Phone: _____

DENTAL INSURANCE INFO:

- Please take radiograph Radiographs enclosed Radiographs given to patient

Appointment Date _____ Time _____ Dr. _____

Appointment Information: This time is reserved specifically for you. If by necessity, you must cancel your appointment for surgery, please notify us at least **two days** in advance

REASON FOR REFERRAL

- 3rd Molars Alveoplasty
- Extractions Apicoectomy
- Implants Expose & Bond
- Augmentation Frernectomy
- Sinus lift Infection
- Socket graft Lesion
- Ridge TMJ
- Botox Orthognathic
- Cosmetic facial filler rejuvenation Jaw fracture/trauma
- Other _____

Please indicate teeth to be removed or surgery to be performed.

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
55	54	53	52	51	61	62	63	64	65						
85	84	83	82	81	71	72	73	74	75						

Comments _____

We request payment for office services at the time they are provided. For your convenience, we accept visa, mastercard & direct debit. We will be pleased to submit your applicable claim form upon completion of your treatment so that you can be reimbursed for your portion directly by your dental insurance carrier.

Please bring this referral to your appointment