LONDON NORTH DENTAL CENTRE

850 Medway Park Drive, Suite 101, London, ON, N6G 5C6

☐ **H. S. Sandhu**, DDS, PhD., Cert. Perio
Periodontist

☐ **S. Gibbs,** DDS, FRCD(C)., Cert. Perio
Periodontist

☐ **A. Hasanee**, DDS, Pediatrics

☐ **O. Azami**, DDS, Limited to Oral Surgery

☐ **M. Ravindranath,** DDS, Limited to Endodontics

☐ **S.Pani,** BDS, MDS, FRCD(C), Pediarics

Introducing: ______________________________ ***Date of Birth:*** ______________________________

Address: ____

Home Number: ______________________________ ***Cell Number:*** ______________________________

Parent/Guardian: ______________________________ ***Email:*** ______________________________

<u>Reason for Referral:</u> ***(please attach/email all relevant x-rays & perio charts)***

☐ Consultation: ____

☐ Treatment: ____

____

Relevant History/Remarks: ____

____

Insurance Information:

Policy Holder's Name: ______________________________ D.O.B.: ______________________________

Name of Insurance Company: ______________________________Group/Plan #: ______________________________

I.D./Cert #: ______________________________ Employer: ______________________________

When treatment is complete, how would you like us to manage this patient?

☐ Refer back to your office ☐ Keep patient here until older ☐ Parent to decide

Referred By: ______________________________ Date: ______________________________

T: (226)212-8088 F: (226)212-8089 E: info@lnds.ca