

# LONDON NORTH DENTAL SPECIALISTS

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



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

**T. Ari**, DDS, PhD., Cert. Pediatric  
Pediatric and Associates

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

**N. Ari**, BDS, MSc., FRCD(C). Dip. Prosthodontics  
Diplomate, American Board of Dental Sleep Medicine

**A. Noroozi**, DDS, BSc, FRCD(C)  
Endodontist  
Oral and Maxillofacial Surgeon

**Introducing:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Reason for Referral:** (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: \_\_\_\_\_

**\*Patient will return to the referring dentist for the final restoration**

Referred By: \_\_\_\_\_ Date: \_\_\_\_\_