

# Oral Surgery Referral

Dr. Andy Wong, DDS, FRCD (C)

Dr. Ron Ho, DDS, FRCD (C)



Clarence Street  
**DENTAL.com**

~ Own Your Smile ~

Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Clinic Phone #: \_\_\_\_\_

Clinic Email: \_\_\_\_\_

## Tooth/Teeth to be treated:

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

Note: \_\_\_\_\_

## Type of treatment:

Extraction

Implant

Cyst Removal & Biopsy

TMJ

Sedation Needed?  Yes  No

X-rays to be emailed: \_\_\_\_\_

**\*At Clarence Street Dental, we require payment at the time of service. We will submit to your insurance carrier on your behalf for your reimbursement. Your appointment can be paid by Visa, Mastercard or Debit. We regret to inform you that we do not accept ODSP or HSO as a form of payment.**