

Dentistry While Asleep Children, Teen & Adult Referrals Accepted

Patient Name:	
(First Name)	(Last Name)
Referral for Complete Treatment Required:	
Referral for Specific Treatment:	
Radiographs Included:	
Remarks/Treatment Instructions:	
Referring Doctor:	
Address/Phone#/Email:	
Da John Laine DDS	Dr. Armson Sollomi MD CCED(EDA)

Dr John Inigo, DDS 5100 Terry Fox Way, Mississauga 905-567-1132 office@99smile.ca Dr. Aymen Sellami, MD, CCFP(FPA)

General Anesthesiologist