East Credit DENTAL

Dentistry While Asleep

Children, Teen & Adult Referrals Accepted

Please fill out, download, and email to office@99smile.ca

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: _____

_____

Dr John Inigo, DDS

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Dr. Aymen Sellami, MD, CCFP(FPA)

General Anesthesiologist