

smile@aos.ca www.aos.ca 705-435-1315
 176 Victoria St. E., Unit 1, Alliston, ON L9R 1K6

- ORTHODONTIST**
 Dr. David Shapiro, DDS, MSc (Ortho), FRCD(C) & Associates
- ORAL SURGEON**
 Dr. John McIntosh, DDS, OMFS, FRCD(C)
- ENDODONTIST**
 Dr. Raj Krishan, DDS, MSc (Endo), FRCD(C)

Patient Name: _____ Referral Date: _____

Age: _____ Tel: (h) _____ (c) _____

Referred by: Dr. _____ Tel: _____

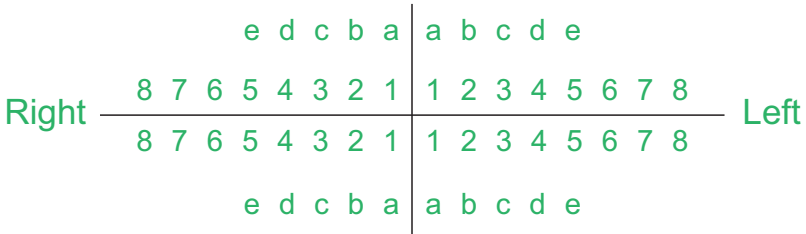
ORTHODONTIC REFERRAL

Reason for referral _____

ORAL MAXILLOFACIAL REFERRAL

Reason for referral: Consultation Extractions Implants Pathology

Additional Comments: _____



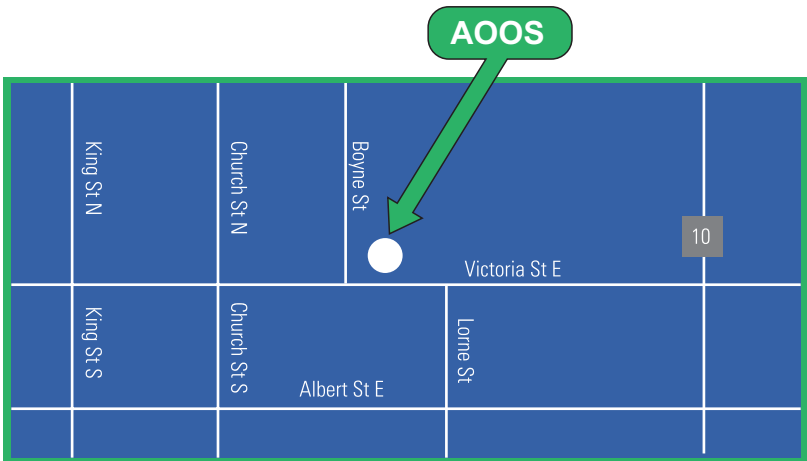
ENDODONTIC REFERRAL

Reason for referral _____

- X-RAYS:** Emailed
 To Be Taken On Arrival



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Instructions for Dr. McIntosh (Oral Surgeon) Patients Receiving Anesthesia

- Please present this form to the receptionist at your consultation appointment.
- Patients receiving Deep (Intravenous) Sedation must not eat or drink for at least 8 hours before surgery. This includes water.
- Patients receiving Deep (Intravenous) Sedation must be driven home by a responsible ADULT, who must be present in the office during the procedure.
- Patients are not to operate a motor vehicle or drink any alcohol for at least 18 hours after an anesthetic.