

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)
 Dr. Heidi Borenstein, DMD, MS Ortho, Dip. ABO
- ORAL SURGEON**
 Dr. Peter Gioulos, DDS, MSc (OS), FRCD(C)
 Dr. Kris Lee, B.Sc., DDS, MD, FRCD(C)

Patient Name: _____ Referral Date: _____

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

Referred by: Dr. _____ Tel: _____

ORTHODONTIC REFERRAL

Reason for referral _____

ORAL MAXILLOFACIAL REFERRAL

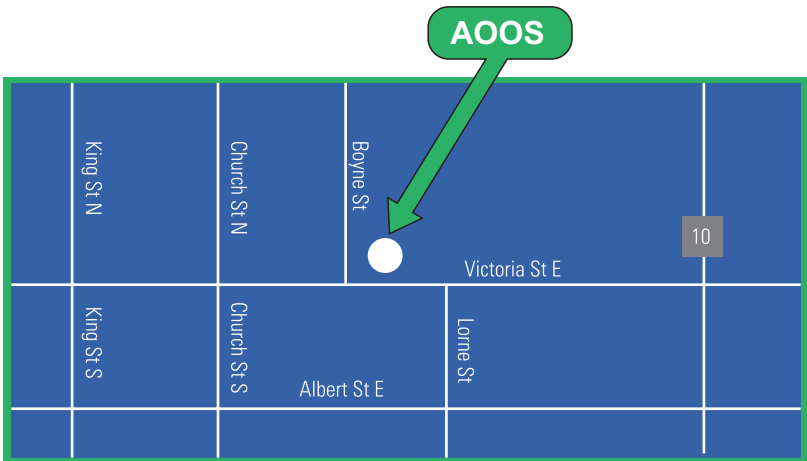
Reason for referral: Consultation Extractions Implants Pathology

Additional Comments: _____

	e d c b a	a b c d e	
Right	8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	
	8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	Left
	e d c b a	a b c d e	



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Instructions for Oral Surgery 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.