ALLISTON
ORTHODONTICS
& ORAL SURGERY

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

☐ **ORTHODONTIST**
Dr. David Shapiro, DDS, MSc (Ortho), FRCD(C)

☐ **ORAL SURGEON**
Dr. Peter Gioulos, DDS, MSc (OS), FRCD(C)
Dr. Ross Linker, BA, MA, DDS, MD

Patient Name: _____ Referral Date: _____

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

Referred by: Dr. _____ Tel: _____

ORTHODONTIC REFERRAL

Reason for referral _____

_____

_____

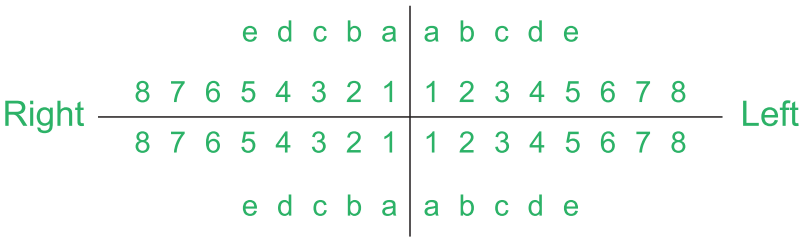
ORAL MAXILLOFACIAL REFERRAL

Reason for referral: ☐ Consultation ☐ Extractions ☐ Implants ☐ Pathology

Additional Comments: _____

_____

_____



~ Turn Over For More Information ~

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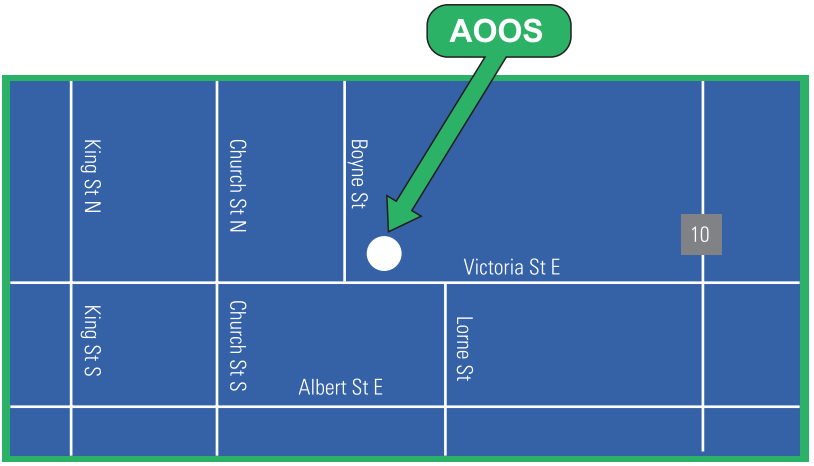

Instructions for Oral Surgery Patients Receiving Anesthesia

- 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.