



3000 Highway 7 East, Suite 208
 Markham, Ontario L3R 6E1
 Tel: 905-513-6673
 Fax: 905-513-6679
 info@MarkhamOralSurgery.com
 www.MarkhamOralSurgery.com

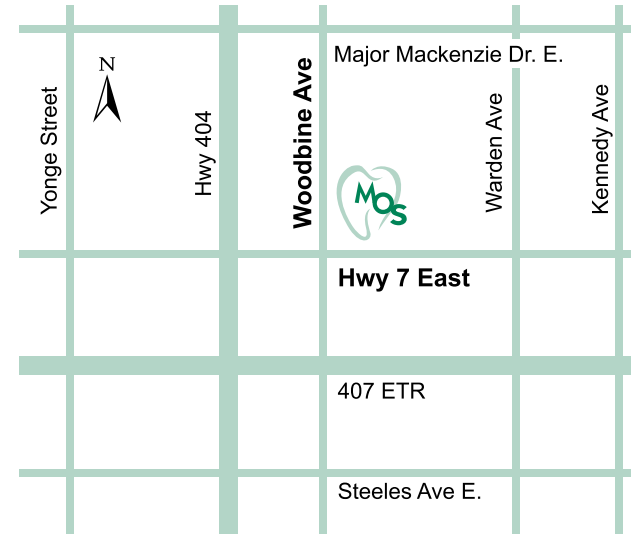
Please bring the following to your appointment:

- This referral form
- Any x-rays given to you by your dentist
- A list of your current medications
- Contact information for your doctors
- Dental insurance details or current eligibility card

We are located at the northeast corner of Woodbine Ave and Highway 7 East, next to LA Fitness and above Sleep Country.

Hours of business are extended to include Saturdays. Ample free parking.

Please allow at least 48 hours notice in case of cancellation.



Dr. Benjamin Lin and Associates

B.Sc., D.D.S., F.R.C.D.(C), Dip. ABOMS
 Oral & Maxillofacial Surgeon

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Reason for Referral:

- ☐ Extractions
- ☐ Implants - Specify Area
- ☐ Bone Grafting / Sinus Lift
- ☐ Pathology / Biopsy
- ☐ TMJ - Facial Pain
- ☐ Pre-Prosthetic
- ☐ Exposure and Bonding
- ☐ Other
- ☐ Please discuss Sedation/GA

X-Rays: ☐ Please take
☐ Sent with patient
☐ Mailed/E-mailed

Appointment Date: _____ Time: _____

Introducing: _____ Referred by: _____

1	RIGHT							E	D	C	B	A	A	B	C	D	E	LEFT								2
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	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8										
4								E	D	C	B	A	A	B	C	D	E									3

Remarks or Special Instructions: _____

 Signed: _____ D.D.S/D.M.D.

Dentistry Professional Corporation