

PATIENT INFORMATION

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: (DD/MM/YYYY) _____ PATIENT TEL: _____

PATIENT EMAIL: _____

REFERRING DOCTOR'S INFORMATION

REFERRED BY: _____ PRACTICE NAME: _____

TEL: _____ DATE OF REFERRAL: _____

EMAIL: _____

REASON FOR REFERRAL

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> EXTRACTION | <input type="checkbox"/> BONE GRAFT | <input type="checkbox"/> IMPLANT |
| <input type="checkbox"/> TRAUMA/INFECTION | <input type="checkbox"/> EXPOSURE/BONDING | <input type="checkbox"/> PATHOLOGY |
| <input type="checkbox"/> CBCT | <input type="checkbox"/> FRENECTOMY | <input type="checkbox"/> OTHER |

ODONTOGRAM

8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	E D C B A	A B C D E
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	E D C B A	A B C D E
Permanent		Primary	

RADIOGRAPHS

- | | |
|---|--|
| <input type="checkbox"/> GIVEN TO PATIENT | <input type="checkbox"/> BEING MAILED |
| <input type="checkbox"/> PLEASE TAKE | <input type="checkbox"/> BEING EMAILED |

REMARKS OR SPECIAL INSTRUCTIONS

SCHEDULING

- ☐ CALL PATIENT ☐ PATIENT WILL CALL

☐ SCHEDULED ON: _____ DATE: _____ TIME: _____

FOR YOUR APPOINTMENT PLEASE...

- ☐ COMPLETE ONLINE PATIENT REGISTRATION/MEDICAL HISTORY FORM:
WWW.HORIZONORALSURGERY.CA

BRING TO YOUR APPOINTMENT...

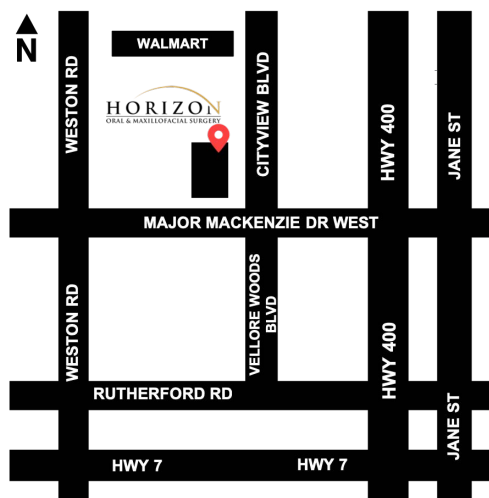
- ☐ REFERRAL ☐ HEALTHCARD / GOVERNMENT ID ☐ LIST OF MEDICATIONS
☐ X-RAYS ☐ DENTAL INSURANCE INFORMATION

PARENT OR GUARDIAN MUST ACCOMPANY PATIENTS UNDER THE AGE OF 16

PLEASE NOTE...

IF YOUR APPOINTMENT REQUIRES SEDATION...

- | | |
|--|---|
| X Have nothing to eat or drink prior to surgery. | ✓ Have a responsible adult to accompany / drive you home. |
| X You cannot operate a motor vehicle for 6 hours following the procedure. | X Public transportation is not an option following sedation. |



3582 MAJOR MACKENZIE DR WEST, #201
VAUGHAN, ON L4H 3T6

TEL: (905) 553-6725
FAX: (905) 553-6726

EMAIL: INFO@HORIZONORALSURGERY.CA

KINDLY NOTIFY US 48 HOURS PRIOR
IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT.

MISSED APPOINTMENTS WILL BE CHARGED A NOMINAL FEE.