WEST AJAX DENTAL & PROSTHODONTICS

West Ajax Dental

73 Old Kingston Rd, Ajax , ON, L1T 3A6 info@Westajaxdental.ca.

PATIENT'S INFORMATION:

Name: _____ Telephone: _____

Date: _____ Email: _____

CONSULTATION REGARDING:

- ☐ Implants
- ☐ Removable Prosthetics
- ☐ Fixed Prosthetics
- ☐ TMD
- ☐ Full-Mouth Rehabilitation
- ☐ Aesthetics/Veneers
- ☐ Second Opinion
- ☐ Specific Area: _____

OTHER REMARKS:

Appointment:

- ☐ Schedule for: _____
- ☐ Please contact patient
- ☐ Patient will contact office

Records:

- ☐ Emailed
- ☐ Mailed
- ☐ None
- ☐ Other: _____

Consultation Report:

- ☐ Please mail
- ☐ Please email
- ☐ Please call
- ☐ None required

Referred By:

_____

Telephone:

_____

Email:

_____