



Prosthodontist Dr. Mark Lin Dr. Goth Siu Dr. Jonathon Wong Dr. Bo Huang Dr. Max Li
Periodontist Dr. Jae W. Chang
Endodontist Dr. Alice F.C. Li
Dental Anesthesiologist Dr. Stephen Ing
Oral and Maxillofacial Radiologist (Consultant) Dr. P. Sikorski, Dr. M. Bourgeois

Referral Form

PATIENT INFORMATION

First Name: _____
 Last Name: _____ Title: _____
 Date of Birth: _____ DD/MM/YY
 Address: _____

 Tel: _____
 Email: _____

REFERRING DOCTOR INFORMATION

First Name: _____
 Last Name: _____
 Practice: _____
 Address: _____

 Tel: _____
 Email: _____

Preferred Languages: English Cantonese Mandarin Others: _____

REASON(S) FOR REFERRAL, CHECK ALL THAT APPLIES

Prosthodontic

- Dental Implant (s)
- Implant Complications
- Full Mouth Reconstruction
- Fixed Prosthodontics
- Removable Prosthodontics
- Bone Grafting/Augmentations
- Cosmetic/Aesthetic Dentistry
- Second Opinion
- Others (please specify in notes)

Periodontic

- Periodontal Evaluation
- Deep Pockets/Furcation Involvement
- Crown Lengthening
- Recession/Soft tissue grafting
- Specific Surgical Exam
- Unerrupted Tooth Exposure
- Orthodontic Co-therapy
- Biopsy/Oral Lesion Evaluation
- Others (please specify in notes)

Endodontic

- Consultation Only
- Root Canal Treatment
- Retreatment
- Apical Surgery
- Post Space Preparation
- Restore Endodontic Access
- Tooth Bleaching
- Other (Please specify in notes)

CBCT

- Dental Implants Evaluation
- Pathology
- Preferred Implant System

CBCT _____
Pan _____

UPPER RIGHT								UPPER LEFT							
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
LOWER RIGHT								LOWER LEFT							

Radiographic Guide Provided Yes No

Previous Radiographs

Sent with patient Emailed

Date of x-rays: _____

TORONTO DENTAL SPECIALISTS

88 Finch Ave East, North York, Ontario M2N 4R5
 Tel: 416-221-2950 / 1-888-7-DRLIN-8
 Fax: 416-221-6396
 smile@oralhealth4life.net
 www.oralhealth4life.net

NOTES:

OUR TEAM



Dr. Mark Lin
Prosthodontist



Dr. Goth Siu
Prosthodontist



Dr. Jonathan Wong
Prosthodontist



Dr. Bo Huang
Prosthodontist



Dr. Max Li
Prosthodontist



Dr. Stephen Ing
Anesthesiologist



Dr. Alice F.C. Li
Endodontist



Dr. Jae W. Chang
Periodontist

Please be advised that the appointment time has been exclusively scheduled for you. We respectfully request three business days' notice if you must reschedule your appointment. We do not accept cancellations via email or phone message. Please call to reschedule your appointment accordingly. Otherwise, a cancellation fee will be charged for missed appointments or short notice cancellations.

Please bring or email in advance the following to your scheduled appointment:

- This referral form
- Any radiograph(s) given to you by your own dentist
- Any other relevant/Important information of history regarding your case

Appointment Date: _____ **Time:** _____








Free parking is available in the back of the building
Close to Finch Subway station



CONSULTATION FEE	
45-minute appointment	\$180
CBCT	
One Quadrant	\$250
One Arch	\$375
Two Arches	\$420



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