## **Our Associates**

Dr. Yong Woo Jeon Pediatric DentistDr. Safina Dhanji, Pediatric Dentist

Dr. Shelina Dhanji, Pediatric Dentist

Dr. Joe Philip, Dentist

□ Oral Surgery



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## REFERRAL

REFERRING DR
REFERRING PHONE #
POSTAL CODE:
Cell: ( )
PATIENT TO CALL     PLEASE CALL PATIENT
ed
TREATMENT MODALITY REQUESTED OR RECOMMENDED BY/TO PARENT:
<ul> <li>Local anesthesia</li> <li>Oral sedation and/or nitrous oxide</li> <li>IV Sedation</li> <li>Deep Sedation / General Anesthesia</li> </ul>
INSURANCE INFORMATION Policy Holders Name: DOB: Group #: Certificate #: Insurance Company: