



ENDODONTIC
— C A R E —

Patient Name: _____

Patient Phone #: _____

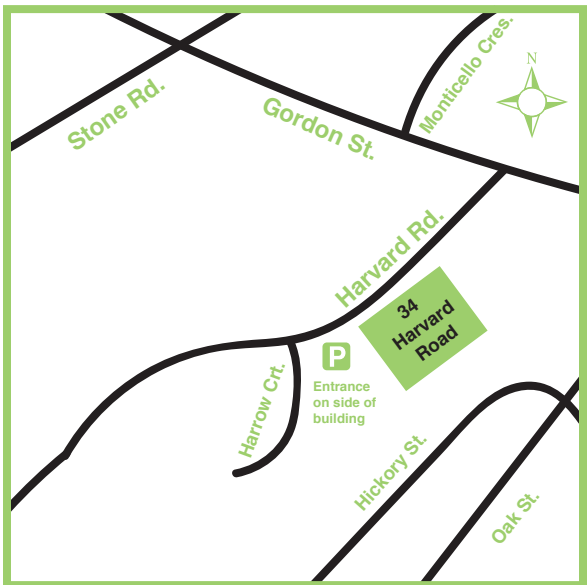
Referred By: _____

Tooth / Teeth #: _____ Date: _____

Fast Track OR **Consultation**
(Direct to Treatment)

Reason for Referral: _____

Post Space: Yes No



**Entrance and parking is at the
side of the building**

Ted Damas DDS | Andrei Ionescu DMD
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Email: contact@endocare.ca
www.endocare.ca



The following appointment has been reserved for you:

Date: _____

Time: _____ am pm

Please bring the following items with you to your appointment:

- 1) any x-rays given to you by your dentist
- 2) any insurance cards / forms that will allow us to help you process any claims
- 3) a list of any medications you are currently taking
- 4) patients under the age of 18 must be accompanied by a parent or guardian
- 5) **provide reception with this referral form upon arrival**