



Patient Name: _____

Referred By: _____

Tooth / Teeth # _____ Date: _____

Reason for Referral: _____

Post Space: Yes No (please circle)



Entrance and parking is at the rear of the building

Michael Hepworth DDS | Ted Damas DDS

Andrei Ionescu DMD

165 Cross Ave., Suite 200

Oakville, Ontario, L6J 0A9

905-844-5748

Email: info@hepworthdamas.com

www.hepworthdamas.com



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**