



- DR. MARINA PRICHERT
- DR. MARVIN SCHWARTZ

PICKERING ORAL SURGERY

REFERRAL FORM

For the Doctor

Patient Name: _____ Date of Birth (dd/mm/yy): _____

Appointment Day: (dd/mm/yy): _____ Appointment time: _____ am/pm

Referring Doctor: _____, DDS/DMD/MD

Referral for: Implant(s) Extraction(s) Lesion/Pathology Cone Beam CT Other
Location: _____

	87654321		12345678	
RIGHT				
	87654321		12345678	
				LEFT

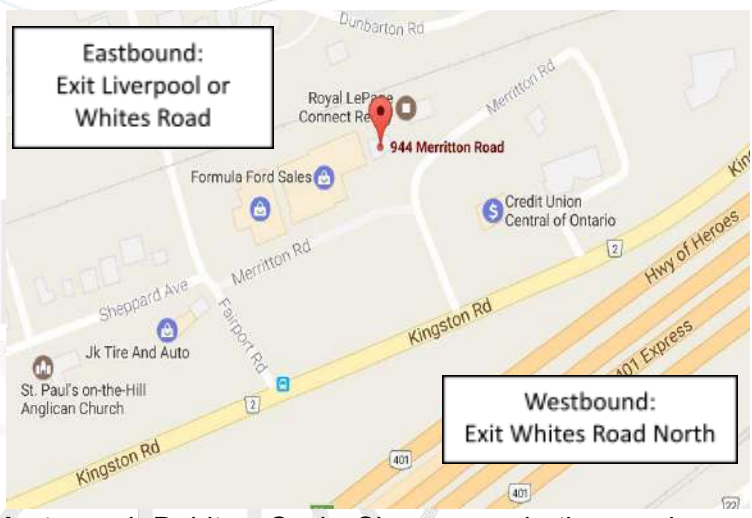
Remarks: _____

Doctor's Signature: _____

For the Patient

Checklist for your Oral Surgery Visit:

- Please bring a current (less than a year old) x-ray, if available, from your Dentist
- Please bring your valid Health Card (required for prescriptions)
- Please bring a valid Insurance Card or full insurance details with you, in order to allow electronic claims submission on your behalf
- DO take your prescribed medications as you normally do or your prescribed pre-surgical medications as directed
- Payment is due in full when services are rendered. We accept payment by Visa, Mastercard, Debit or Cash. Cheques and other cards are not accepted. (Reminder: please check the limit on your payment card.)



Our surgeons have a limited number of appointments available and one is now reserved for you. As a courtesy to other patients, we insist that any appointment changes must be made 2 business days in advance.