

**BRING THIS REFERRAL TO YOUR APPOINTMENT,
FULLY COMPLETED BY YOUR DENTIST**



Metropolitan

Oral and Maxillofacial Surgery Centre

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143 SHEPPARD AVENUE EAST
TORONTO, ONTARIO M2N 3A6

TEL: (416) 223-7292

FAX: (416) 512-6616

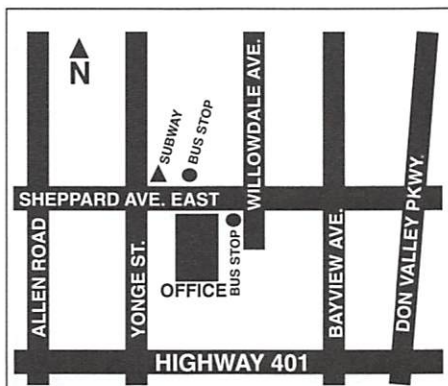
EMAIL: 143@metropolitanoms.com

815 DANFORTH AVENUE, SUITE 401
TORONTO, ONTARIO M4J 1L2

TEL: (416) 922-3273

FAX: (416) 922-1835

EMAIL: 815@metropolitanoms.com



OFFICE HOURS

Monday to Thursday, 8:00 am - 5:00 pm

Friday, 8:00 am - 3:00 pm

After Hours Emergency Tel (416) 235-9960

PARKING

FREE parking behind office.

YONGE/SHEPPARD SUBWAY STATION

Take the Sheppard Avenue East (85) bus to Dudley Avenue, scheduled to run every 20 minutes. Continue to walk east on the south side.

Walking east on Sheppard Avenue may take 15-20 minutes.



OFFICE HOURS

Monday to Thursday, 8:00 am - 5:00 pm

Friday, 8:00 am - 3:00 pm

After Hours Emergency Tel (416) 235-9960

PARKING P

Green P Parking on Langford (See Map)

DONLANDS SUBWAY STATION

Take Donlands Ave. exit. Walk up the stairs to street level, turn right and walk south to Danforth Avenue. Turn right at Danforth, walking west just past Jones Ave. to #815 (south side)

PAPE SUBWAY STATION

Take Pape St. exit. Walk up the stairs to street level. Turn left and walk south towards Danforth Avenue. Turn left at Danforth, heading East to #815 (south side).

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Patient's Name	Referred By
Patient's Contact #	Office #

Date of Appt. _____ 143 Sheppard Office
 815 Danforth Office

Reason for Referral

Removal of Teeth T.M.D./Facial Pain
 Orthognathic Surgery Pathology
 Implants Bone Grafting
 Other

Radiographs: Film - sent with Patient
 Digital - Must be e-mailed, with name + date attached

Remarks:

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Right		E	D	C	B	A	A	B	C	D	E		Left				
1	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	2
4	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	3
				E	D	C	B	A	A	B	C	D	E				

*** To Patient ***

- ▶ You **MUST** bring this completed referral, and give it to reception upon your arrival.
- ▶ **Bring:** I.D. (Health Card or Government issued I.D.), a list of your current medications, medical history info, reading glasses if needed and a translator, if necessary.
- ▶ Late arrivals may be re-scheduled. Cancellations require **two** full business days' notice.

 Signature of Referring Doctor _____
 Date