



16 BROCK STREET WEST  
OSHAWA, ONTARIO

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**Dr. H. S. Bedi, DMD**  
GENERAL DENTIST

**Dr. Kevin Baweja, DDS**  
ENDODONTIST

**Dr. Jeff Li, DMD**  
PERIODONTIST

**REFERRING DOCTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

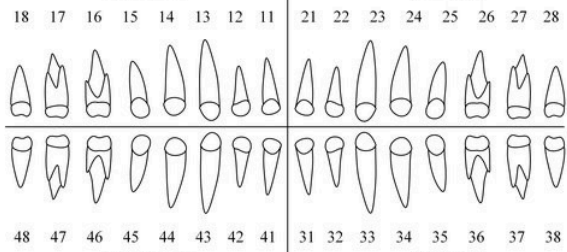
**PHONE:** \_\_\_\_\_ **OFFICE EMAIL:** \_\_\_\_\_  
\*EMAIL ADDRESS LINKED TO CANARAY ACCOUNT\*

**PATIENT NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**PATIENT EMAIL:** \_\_\_\_\_ **INSURANCE:** YES NO CDCP

- \_\_\_\_\_ **CONSULTATION**
- \_\_\_\_\_ **EXTRACTION**
- \_\_\_\_\_ **IMPLANT SURGERY**
- \_\_\_\_\_ **ROOT CANAL THERAPY**
- \_\_\_\_\_ **PERIO TREATMENT**
- \_\_\_\_\_ **CBCT RADIOGRAPH**
- \_\_\_\_\_ FOR IMPLANT
- \_\_\_\_\_ FOR RCT
- \_\_\_\_\_ FOR ORTHO
- \_\_\_\_\_ FOR WISDOM TEETH
- \_\_\_\_\_ SMALL AREA
- \_\_\_\_\_ FULL ARCH
- \_\_\_\_\_ DOUBLE ARCH



**TOOTH NUMBER:** \_\_\_\_\_

**ADDITIONAL COMMENTS:** \_\_\_\_\_

**X - RAYS:** \_\_\_\_\_ WILL SEND \_\_\_\_\_ PLEASE TAKE

**CBCT RUSHED? : HOW MANY DAYS?** \_\_\_\_\_

\_\_\_\_\_ **PATIENT WILL CALL TO SCHEDULE**

\_\_\_\_\_ **PLEASE CALL PATIENT TO SCHEDULE**

*For Office Use:*

**Patient appointment date:** \_\_\_\_\_ **CBCT read:** \_\_\_\_\_

**Report returned to referring office:** \_\_\_\_\_