



Dr. Lori Goldenberg DDS, MSc, FRCD(C)

Dr. Sabrina Ramji DDS, MPH, FRCD(C)

PATIENT INFORMATION

Introducing

Today's Date..... Tel. No.....

Email.....

REFERRING DENTIST INFORMATION

Referred By

Tel No..... Email.....

Address

Communicate with us via ☐ Email ☐ Mail ☐ Phone

HOW CAN WE HELP?

☐ Cavities ☐ Trauma ☐ Laser Frenectomy

☐ Sedation ☐ Other

Tell us more:.....

.....

RADIOGRAPHS

☐ Emailed ☐ Given to Patient ☐ Please Take

APPOINTMENT: M T W Th F

Date..... Time.....

If you need to reschedule your appointment, please notify us at least **48 hrs in advance**.

Thank you!

1440 Bathurst St, Toronto, Ontario, M5R 3J3

P 416 825 1818 | F 416 931 5084 | hello@smilesquad.ca | smilesquad.ca

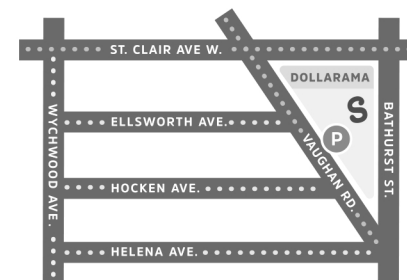


Welcome! It is our goal to ensure a positive dental experience for you and your child!

During the initial visit, the Doctor will do a thorough examination and discuss the findings and treatment options available for your child.

Please bring this referral slip, any xrays, and any insurance information.

Thank you for choosing us to help with your child's dental needs! We look forward to meeting you and your child soon!



- P** UNDERGROUND PARKING
- PAID STREET PARKING
- FREE STREET PARKING (RESTRICTIONS APPLY)

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