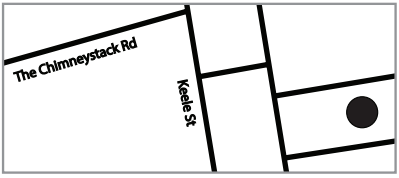
DENTAL SPECIALTY GROUP
TORONTO | NORTH YORK

Dr. John Gay | B.A.Sc., D.D.S, F.R.C.D.(C)

Dr. Alfred Chu | B.Sc., D.M.D.



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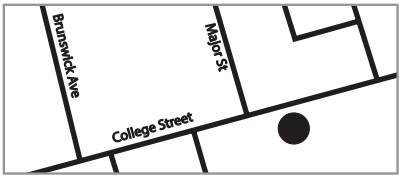

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Ontario Health Insurance Plan (OHIP)
For written prescription purpose.

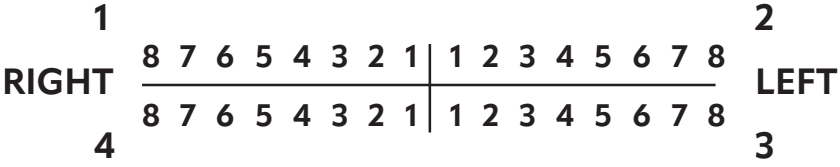
Dental Insurance Benefit Card
For our office to help you submit claim and/or treatment plan to your insurance company for your reimbursement.

Introducing:	**Referred By:**

Day:	**Date:**	**Time:**

For Patients requiring general anesthesia:

1. **NO FOOD, NO DRINK OR WATER for 8 hours prior to surgery.**
2. **A responsible adult must accompany patient and stay to provide transportation home.**
3. **Public Transportation is not an option.**
4. **No contact lenses.**



Service(s) to be performed:

- ☐ Consultation
- ☐ Extraction(s)
- ☐ Surgical Impactions
- ☐ Orthodontic Exposure
- ☐ Incision and Drainage
- ☐ Other
- ☐ TMJ – Facial Pain
- ☐ Preprosthetic Surgery
- ☐ Pathology/ Biopsy
- ☐ Periapical Surgery
- ☐ Implants

Comments

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☐ Contact me personally after exam

Signed:

Dr. _____

Tel. _____