



**Dr. Babak Shokati**

**Prosthodontist, DDS, MSc, MSc, FRCDC(c)**

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**Patient's Name:** \_\_\_\_\_ **Patient's Phone #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Referring Dentist:** \_\_\_\_\_ **Phoen & Address:** \_\_\_\_\_

**Referred For:**

- Second Opinion
- Comprehensive Care
- Call Referral Prior to Treatment
- Other \_\_\_\_\_

**Maintenance**

- Return For Comp Care
- Patient Released
- Call Referral After Treatment
- Other \_\_\_\_\_

**Radiographs**

- Take All Necessary
- Mailed / Emailed
- Patient Will Bring
- Other \_\_\_\_\_

**Please Evaluate Patient For:**

- |  | <b>Tooth # (s)</b> |   | <b>Tooth # (s)</b> |
|--|--------------------|---|--------------------|
| <input type="checkbox"/> Esthetic Options    | _____              | <input type="checkbox"/> Veneers/Esthetic Demands | _____              |
| <input type="checkbox"/> Wear / Erosion      | _____              | <input type="checkbox"/> Ill-fitting Prosthesis   | _____              |
| <input type="checkbox"/> Tooth Restorability | _____              | <input type="checkbox"/> Dental Implant Treatment | _____              |

**Comments:**

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**The Patient Is Referred To The Following Dental Office:**

- Toronto: Yonge & St. Clair Prosthodontic Center, 2 Pleasant Blvd. 416-925-4411
- Mississauga: My Smile Maker Office, 1-4099 Erin Mills Parkway 905-820-3200
- Bolton: The Dental Smile Centre, 196 McEwan East 905-857-1430
- St. Catherine's: Martindale Dental, Multi-specialty Dental Practice, 100 Martindale Rd. 905-988-9004