



Dr. Babak Shokati
Prosthodontist, DDS, MSc, MSc, FRCDC(e)

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:

- | | Tooth # (s) | | Tooth # (s) |
|--|--------------------|---|--------------------|
| <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 | _____ |
| <input type="checkbox"/> All-on-4 ® , Prosthetic stage, Temporary Conversion | _____ | | |

Comments:

The Patient Is Referred To The Following Dental Office:

- Newmarket: Leslie North Dental, 17120 Leslie St. Suite# 6 905-235-1199
- Toronto: Yonge & St. Clair Prosthodontic Centre, 2 Pleasant Blvd. 416-922-4848
- 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