

88 Finch Ave. East  
 North York, ON  
 M2N 4R5  
 (416)221-2950

**Dr. Mark Lin – Prosthodontist**  
**Dr. Goth Siu – Prosthodontist**  
**Dr. Amy Yeung – Periodontist**  
**Dr. Tina Kokosis – Periodontist**

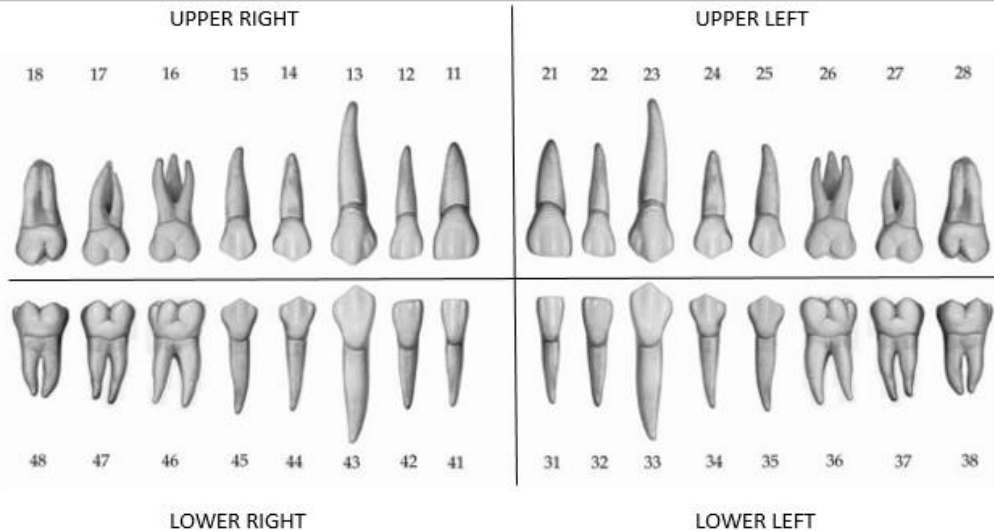
**PATIENT INFORMATION**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Birth: DD/MM/YYYY

**REFERRING DOCTOR'S INFORMATION**

Referring Doctor: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

PLEASE SPECIFY THE TOOTH/TEETH NUMBER(S): \_\_\_\_\_



**REASON FOR REFERRAL: (PLEASE CHECK ALL THE APPLY, IF OTHER PLEASE SPECIFY IN NOTES):**

- Fixed Prosthodontic
- Removable Prosthodontics
- Dental Implants
- Bone Grafting
- Full-mouth Reconstruction
- Cosmetic Dentistry

- Periodontal Evaluation
- Crown Lengthening
- Recession/Soft-tissue Augmentation
- Orthodontic Co-therapy: Tooth Exposure
- Biopsy/Oral Lesion Evaluation
- Other (please specify)

X-rays:  Please take  Sent with patient  Mailed / e-mailed **Date of X-rays (if supplied)** \_\_\_\_\_

**Notes:**

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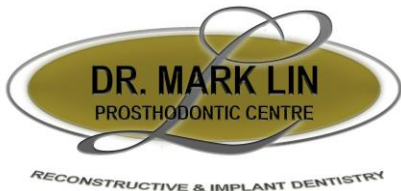
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Please allow at least three (3) business days' notice of cancellation of your appointment. Please note that we do not accept cancellations via e-mail. Short cancellation may result in a fee. Your cooperation and understanding is very much appreciated.

**Please bring the following to your appointment:**

- 1- This referral form
- 2- Any x-rays/radiographs given to you by your dentist


**Consultation Fee: 45-minute appointment is \$180**

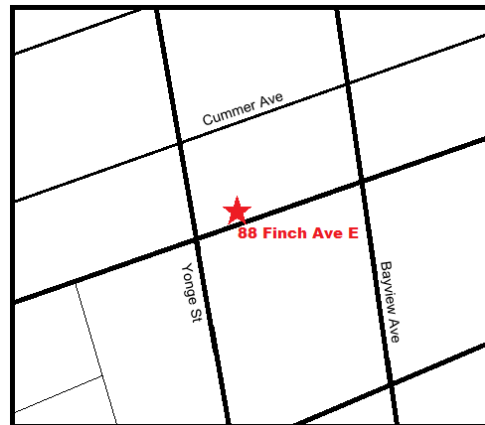
Appointment Date: \_\_\_\_\_

Appointment Time: \_\_\_\_\_



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NORTH YORK, ON  
M2N 4R5

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Fax: 416-221-6396

E-mail: [smile@oralhealth4life.net](mailto:smile@oralhealth4life.net)

Website:

<http://www.oralhealth4life.net/>

**PARKING IS AVAILABLE IN THE BACK**