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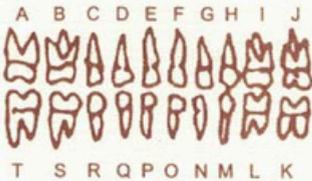
Patient Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Referred by: \_\_\_\_\_

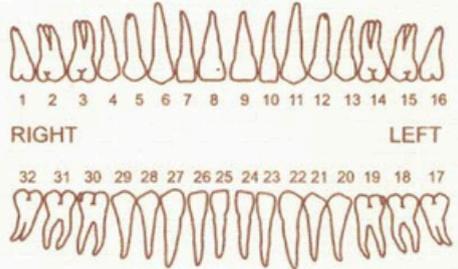
Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DECIDUOUS**



**PERMANENT**



**Services Offered**

- Surgical removal of wisdom teeth and other extractions
- Implant surgery
- Treatment of oral lesions
- Repair of lacerations and facial bone fractures
- Bone grafting and reconstruction
- Sinus Lift and Augmentation
- i-CAT FLX 3D imaging

**Important Notice**

**IF GENERAL ANESTHESIA OR INTRAVENOUS SEDATION IS REQUESTED, PLEASE DO NOT EAT OR DRINK FOR AT LEAST 6 HOURS BEFORE APPOINTMENT. YOU WILL NEED TO ARRANGE FOR A RIDE HOME.**

