



Durham
Dental Anesthesia
dentistry while asleep
Alan J Kredstein, BSc., D.D.S., FADSA



Durham
Dental Anesthesia

Referring Dentist: _____

Address: _____

Phone: _____ Fax: _____

Patient Name: _____ Date of Birth: _____

Home Phone: _____ Work/Cell: _____

Reason for Referral: _____

Significant Medical Concerns: _____

Records Forwarded: _____

Radiographs: _____

Other: _____

Authorization for Release of Records: _____
(signature of patient/parent/guardian)

1-279 Kingston Road. East, Ajax, ON L1Z 0K5
Telephone 905-683-3300 • 1-866-683-3303
Email dentistrywhileasleep@rogers.com

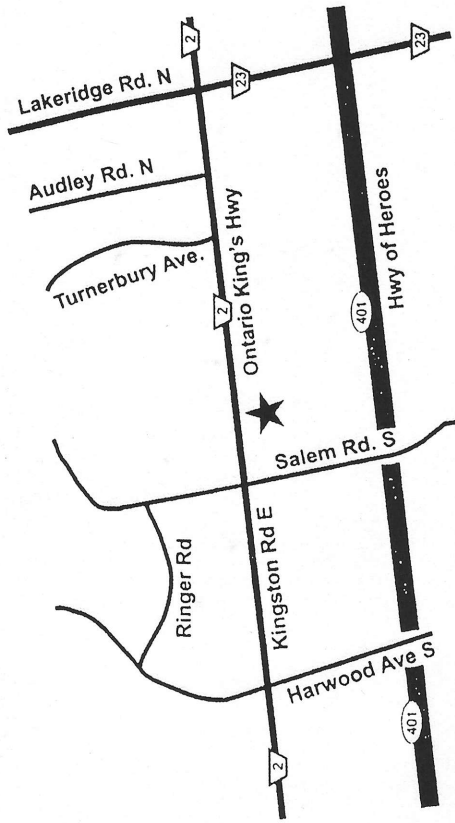
PATIENT _____

DATE OF APPOINTMENT: _____ TIME _____

INSTRUCTION TO PATIENTS:

We would like to have an initial consultation with you to review:

- A. The nature of the treatment
- B. Your medical status and a list of ANY MEDICATION(S) you may be taking.
- C. Questions which you may have



PLEASE NOTE

Please allow 2 business days for cancellation notice. If an Anesthetic or IV sedation appointment is missed without adequate notice, the full sedation charge for that appointment will be applied to your account.