MAXILLO
SPECIALISTS Saleh Robin Dao

Date: _____ /_____ /_____

SPECIALISTS

- ☐ Dr Benjamin Saleh
- ☐ Dr Christian Robin
- ☐ Dr Tran Volong Dao
- ☐ Dr Elliot Saleh

PATIENT IDENTIFICATION

Last Name _____

First Name _____

Address _____ Apt _____

City _____ Postal Code _____

Home Phone _____

Work Phone _____

Mobile _____

Email _____

Birthdate (yy/mm/dd) ____ /____ /____ F ○ M ○

CLINICIAN IDENTIFICATION

Dr _____

Address _____

City _____ Postal Code _____

Telephone _____

Email _____

Paper report ○ or Email report ○

X-rays: included Yes ○ No ○
digital Yes ○ No ○

REASON FOR CONSULTATION

- ○ Extractions
- ○ Implants
- ○ Esthetic surgery
- ○ Esthetic injectable (Botox, etc.)
- ○ Osteotomy
- ○ Pathology
- ○ Preprosthetic
- ○ TMJ disfunction
- ○ Apicoectomy
- ○ Trauma
- ○ Infection
- ○ Panoramic x-ray only
- ○ CBCT

COMMENTS

CONTACT INFORMATION

750 CHEMIN LUCERNE, SUITE 100
VILLE MONT-ROYAL QC H3R 2H6

T 514 389 3890 F 514 389 4134

WWW.**MAXILLO**SPECIALISTS.COM

Please send us the request by fax or by email to:
info@maxillospecialists.com