



## BRUCE GREY DENTAL CENTRE

Pedodontics , Endodontics, Oral Surgery and Periodontics.  
137 Goderich Street, Port Elgin, ON, N0H 2C1

☐ **S. J. Weinberger**, DDS, M.C.I.D., FRCD(C)

Pedodontist

Orthodontist

☐ **T. Ari** , DDS,PH.D..Cert

Pediatric Dentist

☐ **A. R. Noroozi**, DDS, MSc., FRCD(C)

Endodontist

Oral and Maxillofacial Surgeon

☐ **D. Harris**, DDS,FRCD(C)

Endodontist

☐ **J. Rifkind** DDS, MD, FRCD(C)

Oral and Maxillofacial Surgeon

☐ **J. Lovell** DDS, MD, MSc, FRCD(C)

Oral and Maxillofacial Surgeon

☐ **S. Chattha**, DDS,  
Limited to Oral Surgery

☐ **P. Sunda**, DDS,  
Limited to Oral Surgery

☐ **H. S. Sandhu**, DDS, PhD., Cert. Perio  
Periodontist

☐ **H. Doering**, DDS, MSc., FRCD(C)  
Periodontist

**Introducing:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### **Reason for Referral:**

☐ Consultation: \_\_\_\_\_

☐ Treatment: \_\_\_\_\_

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

**Relevant History/Remarks:** \_\_\_\_\_

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

**Insurance Information:** (Please note: We do not routinely accept ODSP, OW, or HSO at this time)

\*In addition **Dr. Weinberger** is not accepting **NIHB** coverage at this time.

Policy Holder's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Group #: \_\_\_\_\_ I.D.: \_\_\_\_\_ Employer: \_\_\_\_\_

### **Radiographs:**

☐ Radiograph emailed

☐ Radiograph mailed

**\*Patient will return to the referring dentist for the final restoration**

Referred By: \_\_\_\_\_ Date: \_\_\_\_\_

T: (519)832-3838

F: (519)832-3840

E: info@brucegreydental.com