

BRUCE GREY DENTAL CENTRE

Pedodontics, Endodontics, Oral Surgery and Periodontics.

137 Goderich Street, Port Elgin, ON, N0H 2C1



T. Ari, DDS, PH.D.
Pediatric Dentist

A. Hasanee DDS, (Limited to
Pediatric dentistry)

D. Harris, DDS, FRCD(C)
Endodontist

H. S. Sandhu, DDS, PhD.
Periodontist

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

Oral Surgery

Oral and Maxillofacial Surgeons

J. Lovell, DDS, MD, MSc, FRCD(C)

G. Duviner, Hon. BSc., M.H.A., D.D.S., Dip. O.M.F.S., F.R.C.D. (C)

Limited to Oral Surgery

S. Chattha, DDS,

P. Sunda, DDS,

*(Patients will be scheduled based on doctor availability and sedation
preference, cannot ensure patient will be seen by preferred doctor)*

Introducing: _____ **Date of Birth:** _____

Address: _____

Home Number: _____ **Cell Number:** _____

Parent/Guardian: _____ **Email:** _____

Reason for Referral:

○ Consultation: _____

○ Treatment: _____

Relevant History/Remarks: _____

Insurance Information: (We are now accepting HSO and NIHB referrals for select procedures).

Policy Holder's Name: _____ D.O.B.: _____

Group #: _____ I.D.: _____ Employer: _____

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

Radiographs:

Radiograph emailed

Radiograph mailed

Referred By: _____ Date: _____