

BRUCE GREY DENTAL CENTRE

Periodontics, Oral Surgery and Pediatrics

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



☐ Periodontists

H. S. Sandhu, DDS, PhD., Cert. Perio

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

☐ Pediatric Dentist

Dr Sharat Pani, BDS, MDS, FRCD (C)

☐ 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., FRCD(C)

Limited to Oral Surgery

S. Chattha, DDS

P. Sunda, DDS

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

Address: _____

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

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

Reason for Referral:

Relevant History/Remarks: _____

Please attach x-rays

Insurance:

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

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

Referred By: _____ Date: _____

Patients will be scheduled based on doctor availability and sedation preference. We cannot ensure your patient will be seen by the preferred doctor