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DATE _____ BIRTHDATE _____

INTRODUCING _____

(1) GUARDIAN _____

(2) TELEPHONE (H) _____ (CELL) _____

(3) EMAIL: _____

CONCERNS _____

- CONSULTATION REQUESTED
- PERIAPICALS ENCLOSED
- PANOREX ENCLOSED
- OTHER

REFERRED BY _____

TELEPHONE _____

CLINIC HOURS: Tues - Thu 8:15am - 5pm, Fri 7:45am - 4:30pm

ONE SATURDAY PER MONTH (Sept - Jun) 7:45am - 4:30pm

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OFFICE LOCATION:

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Front door & underground
parking entrance.
Free parking if shopping in building.



Bus stops

