



DR. RONY E. DAGHER, B.Sc., DDS, M.Sc., (ENDO), FRCD(C)
DR. JOSHUA ANANTHAN, DDS, M.Sc., CERT, (ENDO), FRCD(C)
DR. ARIJ AL KAYYALI, B.Ds., Ms., (ENDO), FRCD(C)

This will introduce:

Referred by:

Tel:

Dr.

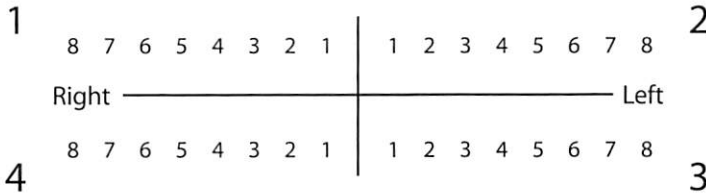
Tel:

The following appointment has been reserved for your patient:

Date: _____

Time: _____ am pm

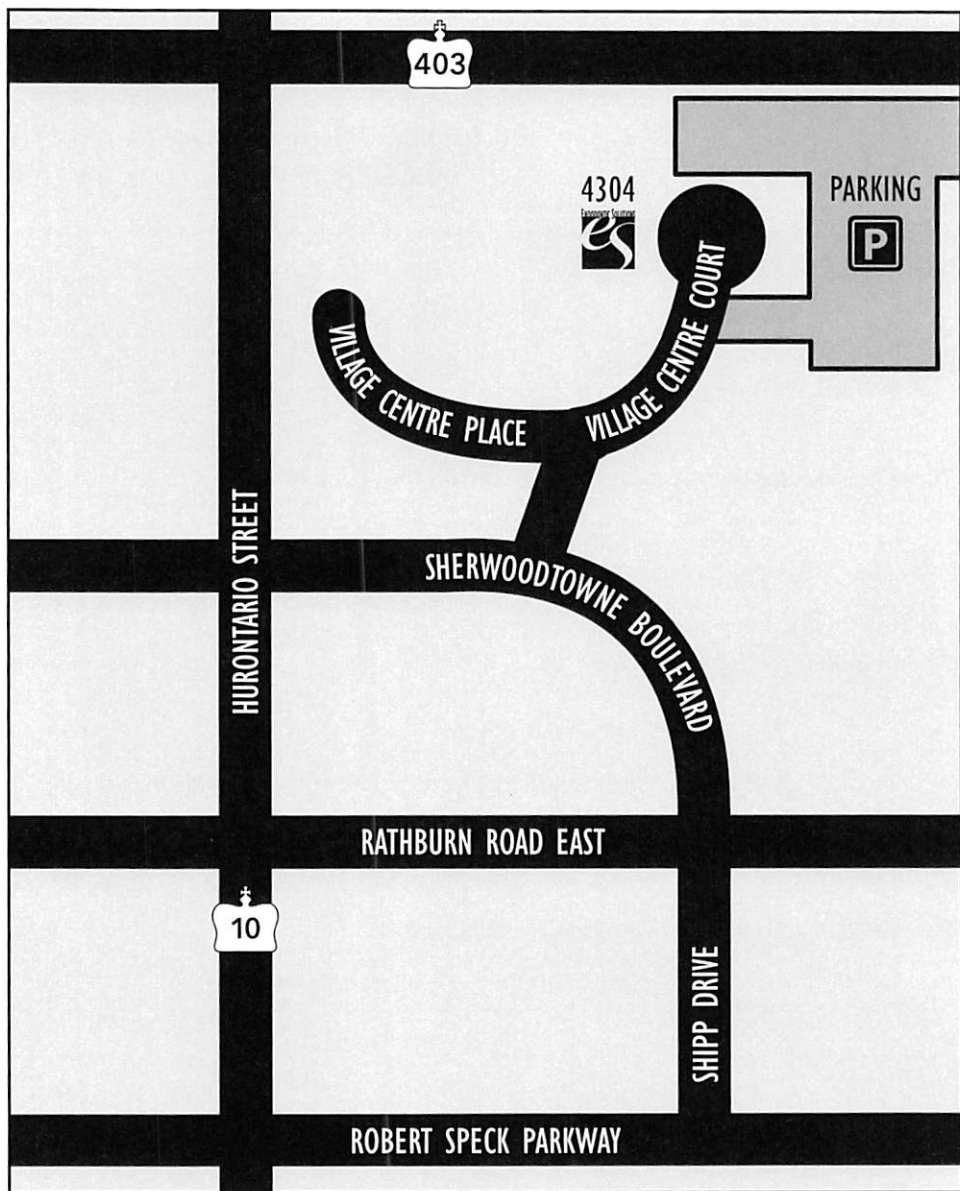
For evaluation of Tooth/Teeth #



Patient's Chief Complaint / Reason for Referral:

Patient has been advised that the following may be required:

- | | |
|--------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Conventional Root Canal | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Retreatment | <input type="checkbox"/> Consultation |



FOR GENERAL INFORMATION, AND TO SCHEDULE
YOUR APPOINTMENTS, PLEASE CALL:

905.270.3357

OUR REGULAR OFFICE HOURS ARE:

Monday to Friday, 7:30 a.m. to 5:00 p.m.

4304 Village Centre Court, Mississauga, ON L4Z 1S2

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