



**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.**

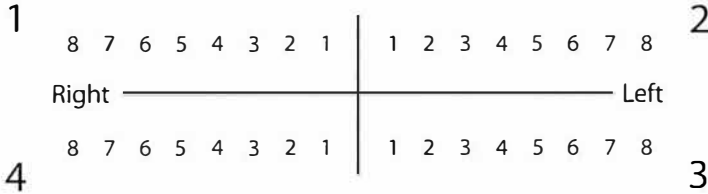
**Tel:**

**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:**

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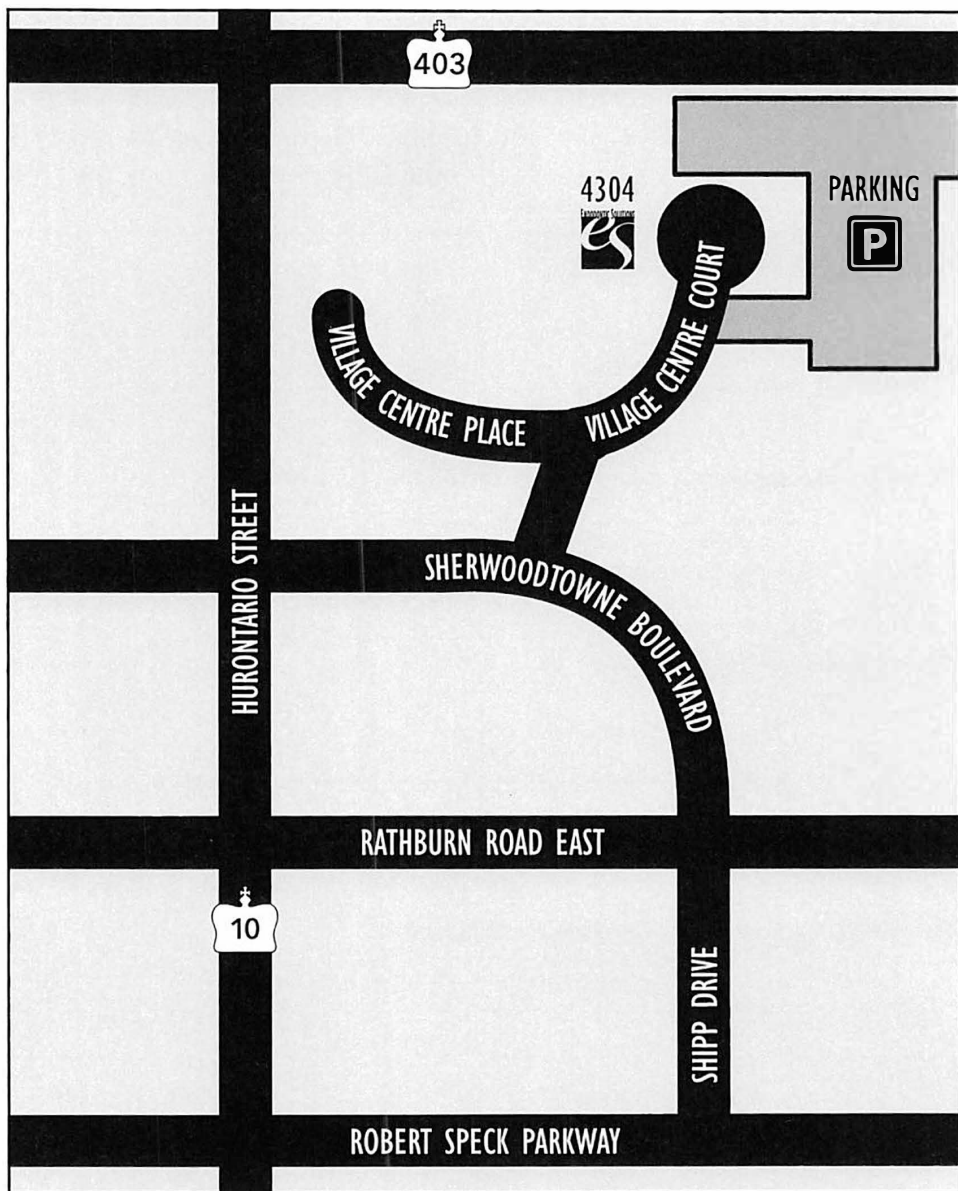
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**Patient has been advised that the following may be required:**

- |  |                                       |
|--|---------------------------------------|
| <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.

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