



PROSTHODONTICS

CERTIFIED SPECIALISTS
IMPLANT, AESTHETIC & RECONSTRUCTIVE DENTISTRY

PROSTHODONTISTS

- Dr. Michael Yang
 Dr. Oliver C. Pin-Harry
 First available

DATE

_____ / _____ / _____
 Month Day Year

PATIENT INFORMATION

Introducing _____

PATIENT'S DATE OF BIRTH

_____ / _____ / _____
 Month Day Year

CONTACT

Home _____
 Work _____
 Mobile _____
 Email _____

PREFERRED METHOD OF CONTACT

- Home Mobile
 Work Email

APPOINTMENT

- Already scheduled
 Please contact patient
 Patient will contact your office

CONSULTATION REGARDING

SIGNIFICANT MEDICAL & DENTAL HISTORY

RADIOGRAPHS

- Emailed (preferred) info@mprosthodontics.com
 Enclosed
 Mailed
 With patient
 None

CONSULTATION REPORT

- In writing
 Email to _____

REFERRED BY DR.

DR.'S SIGNATURE

THE FOLLOWING APPOINTMENT HAS BEEN RESERVED FOR YOU

Please be advised 2 business days are required for any changes to avoid cancellation fees.

DATE _____ / _____ / _____
 Month Day Year

TIME _____

Located by Square One Shopping Centre at Burnhamthorpe Rd. W. & Hurontario St.
2 hours of free parking is located off City Centre Drive at the east entrance.

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