



HOLLAND CROSS DENTAL CENTRE

Dr. Mark McCullough

1620 Scott Street, Suite 20, Ottawa. ON K1Y 4S7

Tel: 613.728.1511 Fax: 613.728.9994

kelly@hollandcrossdental.com

www.hollandcrossdental.com

Date: _____

Introducing: (Dr/Mr/Mrs/Ms) _____ D.O.B _____

Telephone (Res.): _____ Bus/ Cell: _____

Referring Doctor: Name: _____ Email: _____

Appointment Date & Time: Please Contact the Patient

Referral for:

- Consultation
 - Full mouth rehab
 - Veneers
 - Crowns
 - Endo
 - Extraction(s)/Impaction(s)
 - CBCT Scan
 - Bone grafting/Sinus lift
 - Tissue grafting/Alloderm
 - Botox for TMJ
 - IV Sedation
 - Lesion/Biopsy
 - Other
- Implant Type : Titanium Zirconia
 - All on 4 Arch Max Mand
 - Implant Preference (type) _____
 - Restoring Implant Dr. _____

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
55	54	53	52	51	61	62	63	64	65						
85	84	83	82	81	71	72	73	74	75						
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Please circle teeth or area to be treated

Radiographs:

- Forwarded Please Take
- With Patient Via Email

Date Taken : _____

Comments: _____

Significant Medical/Dental History: _____

* Please note consultations are free of charge unless radiographs are required.
** CBCT scans are \$250.00 and are not covered by dental insurance



HOLLAND CROSS DENTAL CENTRE

