



Barrie Endodontics

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- MARK MANNING** DMD, MSD, FRCD(C)
- YOSEF MARDER** DMD, Cert.Endo, FRCD(C)
- NO PREFERENCE**

Please bring x-rays (if available), insurance information, and a list of current medications. Your appointment time has been reserved especially for you. Late arrivals or last minute changes will affect other patients. There is no charge if 48 hours notice is given for cancellations.

Patient: _____

Date of Birth: _____

Phone: _____ Alt.: _____

Referred by Dr.: _____

CONSULTATION BOOKED:

Date: _____ Time: _____

- Please call patient
- Patient will call

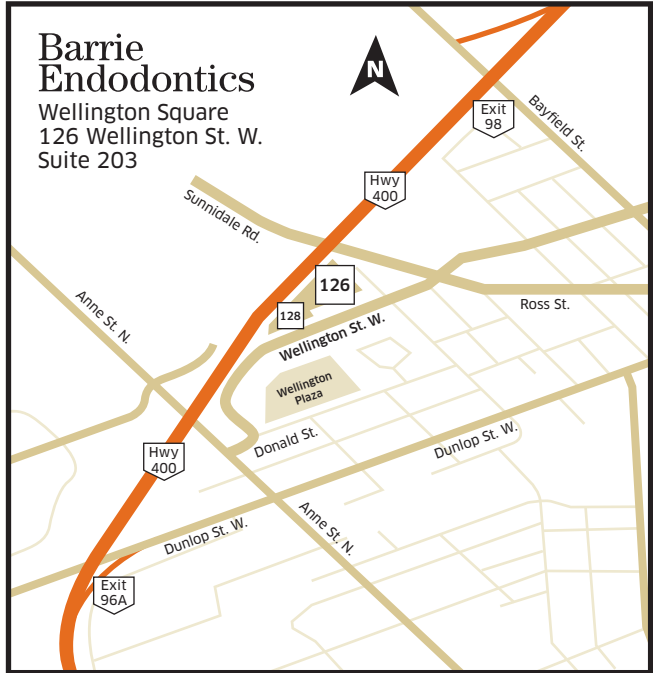
Radiographs:

- Mailed
- Emailed
- with Patient
- Please take

For endodontic consideration of the following teeth

1	8 7 6 5 4 3 2 1		1 2 3 4 5 6 7 8	2
RIGHT				LEFT
4	8 7 6 5 4 3 2 1		1 2 3 4 5 6 7 8	3

Reason for Referral:



Directions:

HWY 400 NORTHBOUND:

- Take Dunlop St. E. (Exit 96A)
- Left onto Anne St. (2nd light)
- Right onto Donald St. (1st light), follow road as it curves to the left (turns into Wellington)
- We are located on the left side of the road (at 1st lights)

HWY 400 SOUTHBOUND:

- Take Bayfield St. (Exit 98)
- Turn left onto Bayfield St.
- Right onto Wellington St. (3rd light)
- We are located on the right side of the road (at 3rd lights)