

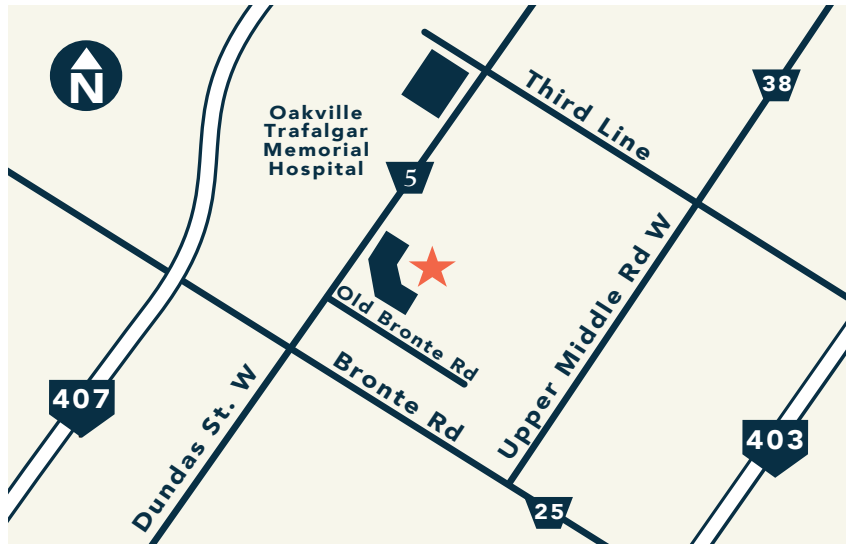
2525 Old Bronte Road, Suite 280  
Oakville, ON L6M 4J2

[www.aspenoralsurgery.ca](http://www.aspenoralsurgery.ca)

T (905) 582-2188

F (905) 582-9886

[info@aspenoralsurgery.ca](mailto:info@aspenoralsurgery.ca)



Conveniently located in the Palermo Professional Centre at the South-East corner of Dundas and Old Bronte Road. **The parking is free.**

**PLEASE CALL (905) 582-2188 TO SCHEDULE YOUR APPOINTMENT AND BRING THE FOLLOWING ITEMS**

1. Pertinent x-rays
2. Any insurance information
3. Your list of medications
4. This referral slip
5. Your health card
6. Patients under the age of 18 must be accompanied by a parent or legal guardian

**Please be advised that payment is due the same day services are rendered. We do not accept insurance payments directly.**

Kindly notify us by phone at least 48 hours prior if you are unable to keep your appointment. We do not accept cancellations via e-mail.

**AOS** ASPEN  
ORAL & MAXILLOFACIAL  
SURGERY

For online referral, scan this code with your mobile phone



  @ASPENORALSURGERY

## ASPEN ORAL & MAXILLOFACIAL SURGERY

Aspen Oral & Maxillofacial Surgery is dedicated to deliver expert oral and maxillofacial surgical care in our state of the art facility. Dr. Cloutier, Dr. Katsaros, Dr. Chugh, Dr. Turgeon, our anesthesiologists and the entire team strive continuously to offer their patients unparalleled care and compassion.

## SERVICES PROVIDED

### WISDOM TEETH REMOVAL

Treat or prevent common complications associated with retained third molars

### EXPOSURE OF TEETH

In conjunction with your orthodontic treatments

### DENTAL IMPLANTS

Our goal is to simplify your care

### BONE GRAFTING

Reconstruct your jaw bone in preparation for dental implants

### PATHOLOGY

Treat cysts, benign tumors, infections or other jaw pathologies

### CBCT IMAGING

3D digital scan with reporting

### VIRTUAL PLANNING

Our intraoral scanner, CoDiagnostix software and 3D printer allow for accurate implant planning

### TEETH IN A DAY (ALL-ON-X)

A permanent solution to dentures

## IV SEDATION AND GENERAL ANESTHESIA

Your comfort is our first priority

## CBCT REFERRAL FORM

Please provide report with: ☐ Measurements  
☐ Virtual implant placement

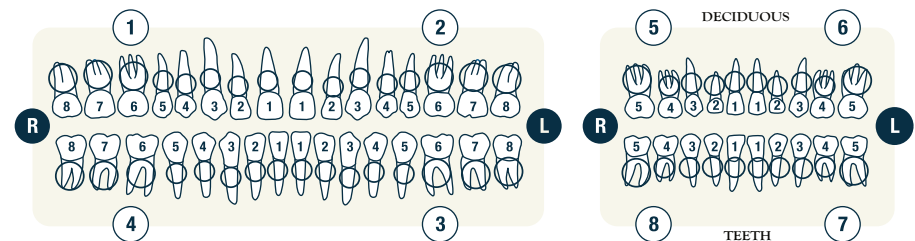
Region of Interest:

Referral Details:

- ☐ **DR. MARTIN CLOUTIER** DMD, MSc, FRCD(C), Dipl. ABOMS  
Oral & Maxillofacial Surgeon
- ☐ **DR. THEODOROS KATSAROS** DMD, MSD, FRCD(C)  
Periodontist
- ☐ **DR. DEEPIKA CHUGH** BSc, DDS, M.Sc, FRCD(C)  
Oral Pathologist

Patient Name:	Referred by:
Patient Tel:	Referral Tel:
Patient Email:	Referral Email:
DOB:	Referral Date:

## REASON FOR REFERRAL



- ☐ Extractions ☐ Dental Implants ☐ Exposure of Teeth  
☐ Pathology ☐ Bone Grafting ☐ Gingival Grafting  
☐ IV Sedation / GA

Comments:

For CBCT **only** without a consultation, fill CBCT referral form

**X-Rays:** ☐ E-mailed to [info@aspenoralsurgery.ca](mailto:info@aspenoralsurgery.ca)  
☐ Sent with patient ☐ Mailed ☐ Take X-ray

Send me more referral pads ☐