

Dr. Keith Compton
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Prosthodontics

Patient: _____ **Age:** _____

Today's date: _____

Telephone: _____ **Cell:** _____

Other: _____

Address: _____

Email: _____

Referred by Doctor: _____

CONSULTATION REGARDING:

- Fixed Prosthodontics
- Removable Prosthodontics
- Dental Implants
- T.M.J. Evaluation
- Other

COMMENTS:

*If you have digital radiographs, please email them to
reception@vividental.ca*