

Dr. David A. Isen	Or. Peter J. Nkansah	Or. Wayne Wolfstadt
Appointment —		
Date:		Time:
Patient Information —		
Name:		
Phone No. :		Age:
Referred By:		
Background Information	n —	
X-rays with patient	0	Referral for complete care
Referral for specific pro	ocedures	
Reason For Referral —		
Oental work with sedat	ion/anaesthesia	Medical condition/Other
Inability to achieve or ad	lminister local anaesthesia	Gag reflex
Details —		

A consultation is required to do an evaluation for anaesthesia/sedation. Anaesthesia patients must not eat 8 hours prior to appointment. Clear fluids are allowed up to 2 hours before appointment, exceptions may apply, such as, usual medications or pre-op medications. Anaesthesia patients must not drive for 18 hours following appointment.





Office Hours

Monday to Thursday 8:45 to 5:00 Friday 8:45 to 1:00

** Same day emergency appointments available.

The **Sleep for Dentistry** team looks forward to seeing you. Please contact us if you have any questions or concerns.