

Or. David A. Isen	Dr. Peter J. Nkansa	ah	Or. Wayne Wolfstadt
Appointment —			
Date:			Time:
Patient Information —			
Name:			
Phone No. :			Age:
Referred By:			
Background Information			
X-rays with patient		0	Referral for complete care
Referral for specific proce	dures		د
Reason For Referral			
O Dental work with sedation	n/anaesthesia		Medical condition/Other
O Inability to achieve or admi	nister local anaesthesi	a	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.