



David Dara Yarmand
BSc, BA, DDS, MD, FRCD(C) Dip, OMFS

Date: _____

Patient's First Name _____

Patient's Last Name _____

Home Phone # _____

Work Phone # _____

- Extractions
Implant
Bone Grafting
Orthodontic Exposure/Anchorage
Pathology/Biopsy
Digital Radiography

Table with 10 columns (E, D, C, B, A, A, B, C, D, E) and 2 rows of numbers (8-1).

Referring Doctor: _____

Remarks or Special Instructions:

Appointment Day: _____ Time: _____

- Radiographs:
Being Mailed
Given To Patient
Please Take

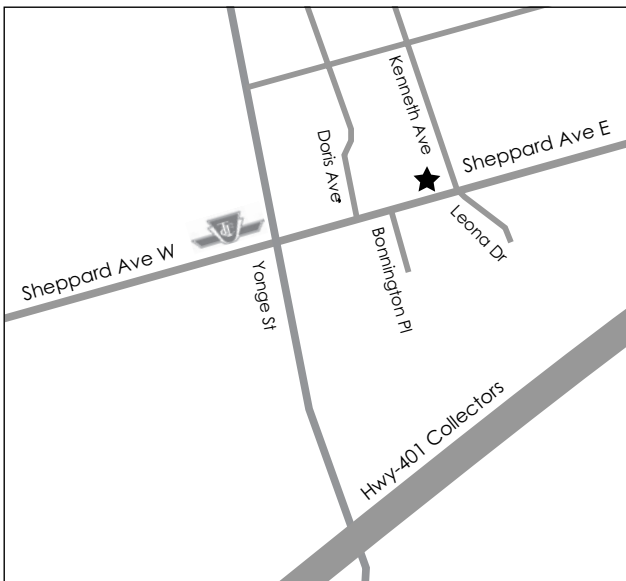
This appointment time is specifically set aside for you.
Please notify us at least 72 hours in advance if you need to cancel the appointment.

NY North York

ORAL SURGERY &
IMPLANT CENTRE

We are located 2 blocks east from the Yonge and Sheppard subway stop.

Parking is available in the building.



📞 416 221 6656
☎ 416 221 4579

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