



**David Dara Yarmand**  
 DDS, MD  
**Jacob Rifkind**  
 DDS, MD  
**Claudio Tocchio**  
 DDS, OMFS

Date: \_\_\_\_\_

Extractions

\_\_\_\_\_  
 Patient's First Name

Implants

\_\_\_\_\_  
 Patient's Last Name

Bone Grafting

\_\_\_\_\_  
 Home Phone #

Orthodontic Exposure/Anchorage

\_\_\_\_\_  
 Work Phone #

Conebeam CT Scan

	E	D	C	B	A	A	B	C	D	E					
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	E	D	C	B	A	A	B	C	D	E					

Referring Doctor: \_\_\_\_\_

Remarks or Special Instructions:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Appointment Day:</b> _____	<b>Time:</b> _____
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**Radiographs:**  
 Being Emailed  
 Given To Patient  
 Being Mailed

*This appointment time is specifically set aside for you.  
 Please notify us at least 3 business days in advance if you need to reschedule your appointment.*

416 221 6656  
 416 221 4579  
 info@dryarmand.com

100 SHEPPARD AVE., E., SUITE 202, NORTH YORK, ON M2N 6N5

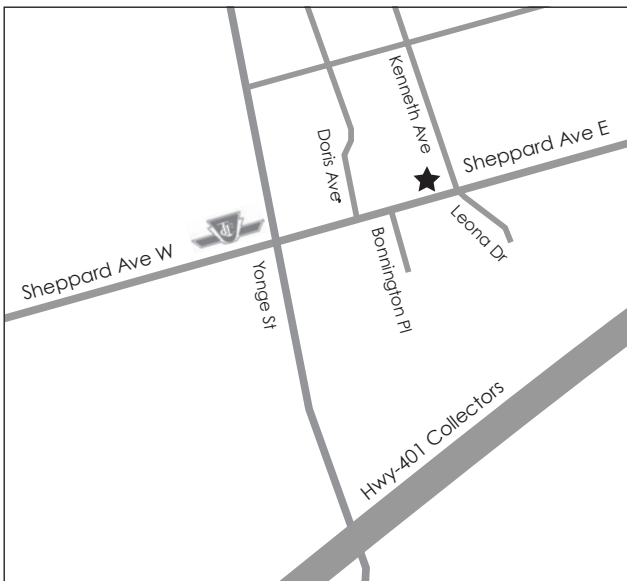
w w w . d r y a r m a n d . c o m

# NY North York

ORAL SURGERY &  
IMPLANT CENTRE

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

*Pay parking is available in the building.*



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☎ 416 221 4579  
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