LAKELAND CLINIC
ERIC K. ORPANA, D.D.S., F.R.C.D. (C)
Oral and Maxillofacial Surgeon

2 Albert Street North
Lindsay, Ontario K9V 4J1
Tel: (705) 878-0933
Fax: (705) 878-8803
Toll Free: 1-800-622-0252
Email: lakelandclinic@yahoo.ca

INTRODUCING

PATIENT _____ REFERRING DR. _____

ADDRESS _____

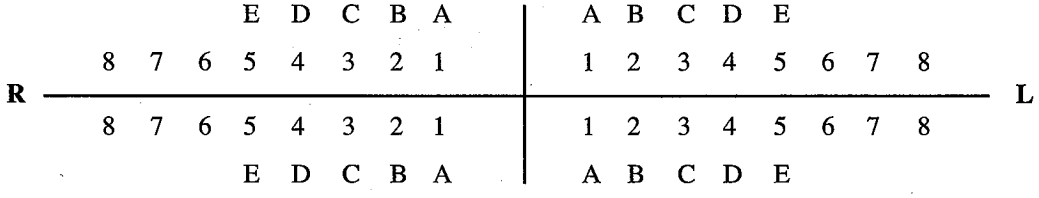
TELEPHONE: Res.: ( ) _____ Bus.: ( ) _____

❑ Appointment booked _____ ❑ Patient to call ❑ Please call Patient

DATE OF BIRTH: _____ RADIOGRAPHS: ❑ E-Mailed ❑ Mailed ❑ With Patient ❑ Please take

SERVICES REQUIRED

- ❑ Consultation
- ❑ Surgical Impaction(s)
- ❑ Extraction(s)
- ❑ Orthodontic Exposure
- ❑ Incision and Drainage
- ❑ Facial Trauma
- ❑ Snoring/Sleep Apnea
- ❑ Orthognathic Surgery
- ❑ Facial Pain/TMJ
- ❑ Implants
- ❑ Preprosthetic Surgery
- ❑ Periapical Surgery
- ❑ Pathology/Biopsy
- ❑ Other



Comments: _____

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Relevant Medical History: _____

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Insurance Information: _____

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PATIENTS HAVING GENERAL ANAESTHESIA MUST:

1. Not have anything to eat/drink including water 6 hours prior to surgery or your surgery will be rescheduled.
2. Arrange to be driven home by a responsible adult or your surgery will be rescheduled. Your driver MUST report to reception at the time of your appt. and again 30 min. after your scheduled appt.
3. Not wear contact lenses.
4. Dress comfortably with a short sleeve shirt. Please no body suits.
5. Take all medication you normally do unless otherwise advised by the doctor, if unsure bring medication with you.
6. Not operate a motor vehicle or hazardous equipment for at least 18 hours following surgery.
7. Please give a minimum of 48 hours notice of cancellation when necessary or cancellation fee of $300.00 will be charged.
8. Please arrive 15 min. before your scheduled appt. and report to reception.