



**Dr. Ed Zusko** BA, M.Sc., D.D.S.

General Dentist focused on TMJ & Ortho

- ORTHODONTICS
- ORTHOPEDICS
- TMD
- SNORING
- SLEEP APNEA

Dear Dr. Zuskos

We are referring:

PATIENT: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: BUS: \_\_\_\_\_ RES: \_\_\_\_\_

**REASON FOR REFERRAL:**

**CONSULTATION** RE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TREATMENT** (as requested) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RELEVANT HISTORY:**

(Indicate any special factors, either dental or medical, such as known allergies, specific medical problems relevant to diagnosis and treatment.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE CALL THE PATIENT

PATIENT WILL CALL

AN APPOINTMENT HAS BEEN MADE

\_\_\_\_\_

RADIOGRAPHS ENCLOSED

PLEASE RETURN RADIOGRAPHS AFTER USE

NOTIFY ON COMPLETION

PLEASE REPORT -WRITTEN

PLEASE REPORT -PHONE

POST REFERRAL MAINTENANCE

OTHER RECORDS AVAILABLE

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

1390 Walker Road, Suite 100, Windsor, ON N8Y 4T9

ph: 519.985.6988 | fax: 519.985.6918

[www.tmjwindsor.com](http://www.tmjwindsor.com) | [www.tmjorthocentre.com](http://www.tmjorthocentre.com) | E-mail: [drzusko@hotmail.com](mailto:drzusko@hotmail.com)