

Patient Information

Date of Referral: _____

Patient Name: _____

Referred by: _____

Referral Telephone #: _____

Please indicate reason for referral,
and area(s) of concern.

The purpose of this referral pamphlet is to introduce you to our practice and to provide you with information regarding the services we perform. Your physical, emotional and oral health needs are important. We will make certain that you have a full understanding of the benefits of treatment, and the choices available to you.

Our staff is experienced and knowledgeable regarding the most current procedures, and will be happy to share their professional expertise with you.

Services and Treatments Available

- ❖ Replacement of missing teeth
- ❖ Aging and deterioration of the teeth
- ❖ Congenital or developmental anomalies of the teeth
- ❖ Congenital absence of teeth
- ❖ Cleft lip and palate and other craniofacial anomalies
- ❖ Dental accidents and major trauma
- ❖ Reconstruction of the jaws following tumor resection or cyst removal
- ❖ Comprehensive oral reconstruction with crowns, implants and removable dentures
- ❖ TMJ disorders

FOR USE BY REFERRAL OFFICE ONLY:

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Tel: 905-849-0565

info@drsaunders.ca



Dr. Robert D. Saunders DDS, MS, FRCD(C)

PROSTHODONTICS & IMPLANT DENTISTRY

Dr. Robert Saunders is passionate about improving patients' smiles and is committed to providing the most advanced dental treatment available. Dr. Robert Saunders specializes in advanced cosmetic dentistry procedures carried out to the highest level of standards.

Dr. Robert Saunders is a graduate of University of Toronto, of University of Michigan and received his Fellowship in Prosthodontics in 2005.

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