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Introducing _____

Date of appointment _____ Time of appointment _____

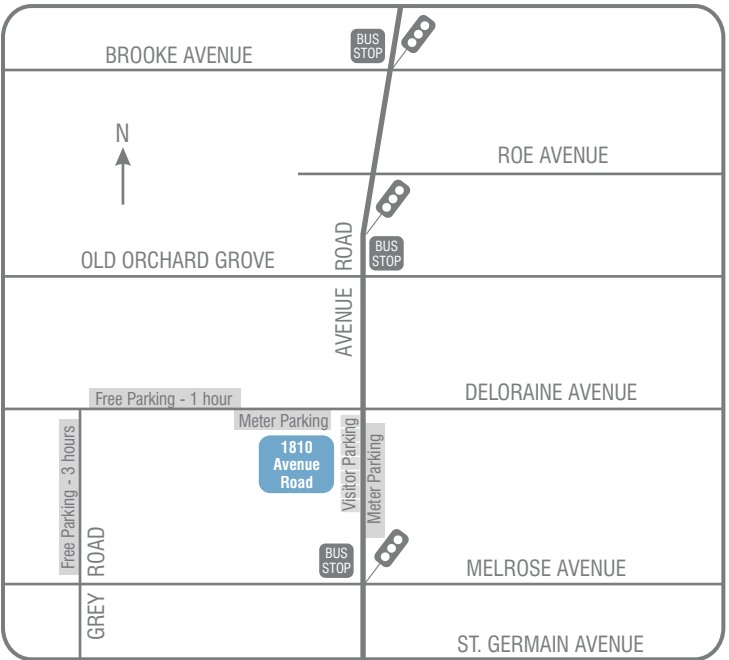
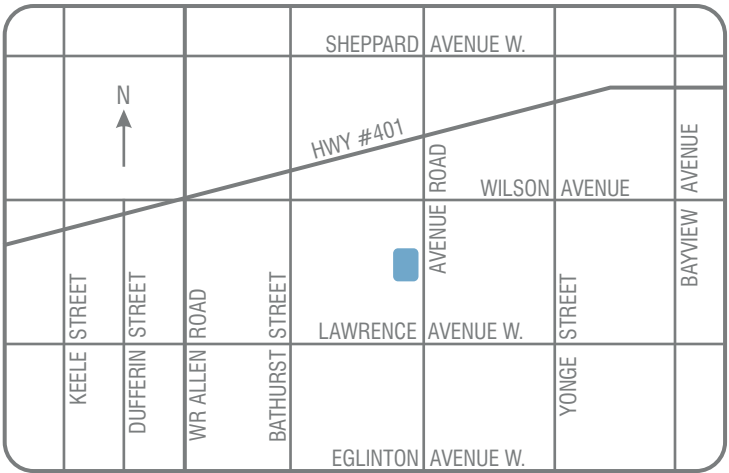
Referred by _____

Examination Requested For:

- | | |
|---|--|
| <input type="checkbox"/> Class II | <input type="checkbox"/> Missing Teeth |
| <input type="checkbox"/> Class III | <input type="checkbox"/> Impacted Teeth |
| <input type="checkbox"/> Crowding | <input type="checkbox"/> Periodontal Involvement |
| <input type="checkbox"/> Spacing | <input type="checkbox"/> Open Bite |
| <input type="checkbox"/> Excessive Overbite/Overjet | <input type="checkbox"/> Invisalign |
| <input type="checkbox"/> Other _____ | |

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- Restorative work completed
- Restorative work required prior to treatment
- X-ray given to patient



TTC Bus Routes

61A North & South on Avenue Road to Eglinton Station

142 North & South on Avenue Road, Express to Downtown, South of Eglinton Avenue West