



Dr. Cui Cui, DDS, MSc, MSc (Prosthodontics), PhD, FRCDC

Prosthodontist

2 Finch Avenue West
North York, ON M2N 6L1
Tel (416) 222-5055
Fax (416) 222-9407
www.dabuleanu-dental.com

Patient Information:

First Name: _____ Last Name: _____

Date of Birth: _____ Email: _____

Cell Phone: _____ Business Phone: _____

Address : _____

Preferred Language: English Mandarin Others: _____

Referred by Dr. _____

Consultation/Examination Requested for:

Cosmetic/Aesthetic Dentistry

<input type="checkbox"/> Fixed prosthodontics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28

Full Mouth Rehabilitation

<input type="checkbox"/> Implant Complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Dental Implants

Removable Prosthodontics

Others

Remarks:
