



Dr. Borna Meisami Commemorative Foundation

Project Restoring Smiles

Candidate Referral Form

Please note that Project Restoring Smiles **ONLY** accepts patients who A. are in dental pain, and/or B. have **visible** smile defects (ex. missing front tooth). Cleanings and routine hygiene procedures do not fall within our scope of treatment.

Case workers, please answer the following questions on behalf of the Candidate. Patients who meet all the criteria will be considered for admission. Admission is based on dentist/ specialist availability. Please ensure that your contact # and the Candidate's contact # are correct so that we may reach you.

Please fax this form back to (416) 923-2135.

Referral Information

Name of Referral Source:

Case worker Contact #:

Shelter or Organization:

Does your shelter provide TTC tokens?:

Please specify: If accepted to the Foundation, should we contact the shelter, the case worker or the Candidate?:

Please specify: If accepted to the Foundation, is the Candidate in need of accessibility services? (ex. Translator)

Client Information

Name: _____

Dr. Borna Meisami Commemorative Foundation
Project Restoring Smiles
P: 416-923-2102
F: 416-923-2135
130 Bloor St. W. Suite 701
Toronto, ON M5S 1N5
info@drbmeisamifoundation.com



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Date of Birth: _____

Contact # or Email: _____

Please answer the following questions:

1. Is the Candidate currently experiencing dental pain and/ or discomfort? Does the Candidate have a visible defect that is tooth-related when they smile/ speak?
2. Is the Candidate a Permanent Resident of Canada or applying for permanent residency?
3. Is the Candidate between ages 18- 65 years?
4. Does the Candidate self-identify as a survivor of domestic violence?
5. Is the Candidate currently living in a shelter? If not, when did the Candidate transition out? *Please note date of transition must be under 24 months in order to be considered.*
6. Does the Candidate have private dental insurance?
7. Does the Candidate feel comfortable being treated by a male dentist?
8. What is your approximate location (downtown, Etobicoke, Scarborough, etc.)?

Please note: Financial hardship is a requirement for admission. Clients with access to private dental insurance will not be considered.

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