Please upload referral form along with any x-rays using the Dentdox file transfer system. The website is https://dentdox.dentistry.utoronto.ca/filedrop/oralsurgery

## **Referral Form for the Oral Surgery Clinic**

Upon receipt of the referral our office will contact the patient to book the initial consultation appointment.	Referring dentist details			
ity:	Name:	_ GP: Specialty:	Date:	
elephone: Bus:	Address:			
Patient details  urname:	City:	Postal Code:		
Patient details  urname:	Геlephone: Bus:	Fax:		
priname:	Email:			
priname:	Patient details			
Patient background:  attent's chief concerns:    Patient's special needs (if any):   Patient's special		First name:		
ddress:				
ity:				
Please list the teeth to be extracted or reason for referral:  Patient background:  atient's chief concerns:  ynopsis of dental needs/preliminary diagnoses:  televant medical information:  atient's special needs (if any):  by the pertinent information:  injunature of referring dentist  Upon receipt of the referral our office will contact the patient to book the initial consultation appointment. is a teaching institution:  We accept referrals that are compatible with our graduate students' educational program.  Panorex must be within 1 year of the referral.  Please have your patient bring a copy of their Panorex to the appointment  If you wish, after completion of treatment, patients will be advised to contact your office for recall care.  FOR OFFICE USE ONLY  Appointment Date / Time				
Please list the teeth to be extracted or reason for referral:  Patient background:  atient's chief concerns:  ynopsis of dental needs/preliminary diagnoses:  televant medical information:  atient's special needs (if any):  by the pertinent information:  injunature of referring dentist  Upon receipt of the referral our office will contact the patient to book the initial consultation appointment. is a teaching institution:  We accept referrals that are compatible with our graduate students' educational program.  Panorex must be within 1 year of the referral.  Please have your patient bring a copy of their Panorex to the appointment  If you wish, after completion of treatment, patients will be advised to contact your office for recall care.  FOR OFFICE USE ONLY  Appointment Date / Time	elephone: Home:	Bus:	Cell:	
Please list the teeth to be extracted or reason for referral:  Patient background:  atient's chief concerns:  ynopsis of dental needs/preliminary diagnoses:  delevant medical information:  atient's special needs (if any):  bither pertinent information:  bignature of referring dentist  ypon receipt of the referral our office will contact the patient to book the initial consultation appointment.  s a teaching institution:  We accept referrals that are compatible with our graduate students' educational program.  Panorex must be within 1 year of the referral.  Please have your patient bring a copy of their Panorex to the appointment  If you wish, after completion of treatment, patients will be advised to contact your office for recall care.  FOR OFFICE USE ONLY				
atient's chief concerns:  ynopsis of dental needs/preliminary diagnoses:  delevant medical information:  atient's special needs (if any):  bther pertinent information:  dignature of referring dentist  Upon receipt of the referral our office will contact the patient to book the initial consultation appointment.  Is a teaching institution:  We accept referrals that are compatible with our graduate students' educational program.  Please have your patient bring a copy of their Panorex to the appointment  If you wish, after completion of treatment, patients will be advised to contact your office for recall care.  FOR OFFICE USE ONLY  Called: Appointment Date / Time	Please list the teeth to be e	extracted or reason for referral	<u>.</u>	
Appointment Date / Time    Selevant medical needs/preliminary diagnoses:	Patient background:			
Appointment Date / Time    Selevant medical needs/preliminary diagnoses:	atient's chief concerns:			
delevant medical information:				
atient's special needs (if any):  Other pertinent information:  Diginature of referring dentist  Upon receipt of the referral our office will contact the patient to book the initial consultation appointment. is a teaching institution:  We accept referrals that are compatible with our graduate students' educational program.  Panorex must be within 1 year of the referral.  Please have your patient bring a copy of their Panorex to the appointment  If you wish, after completion of treatment, patients will be advised to contact your office for recall care.  FOR OFFICE USE ONLY  Called:  Appointment Date / Time	Synopsis of dental needs/preliminary of	diagnoses:		
Diginature of referring dentist  Upon receipt of the referral our office will contact the patient to book the initial consultation appointment. is a teaching institution:  We accept referrals that are compatible with our graduate students' educational program.  Panorex must be within 1 year of the referral.  Please have your patient bring a copy of their Panorex to the appointment  If you wish, after completion of treatment, patients will be advised to contact your office for recall care.  FOR OFFICE USE ONLY  Called: Appointment Date / Time	Relevant medical information:			
Diginature of referring dentist  Upon receipt of the referral our office will contact the patient to book the initial consultation appointment. is a teaching institution:  We accept referrals that are compatible with our graduate students' educational program.  Panorex must be within 1 year of the referral.  Please have your patient bring a copy of their Panorex to the appointment  If you wish, after completion of treatment, patients will be advised to contact your office for recall care.  FOR OFFICE USE ONLY  Called: Appointment Date / Time				
Figurature of referring dentist  Upon receipt of the referral our office will contact the patient to book the initial consultation appointment. It is a teaching institution:  We accept referrals that are compatible with our graduate students' educational program.  Panorex must be within 1 year of the referral.  Please have your patient bring a copy of their Panorex to the appointment  If you wish, after completion of treatment, patients will be advised to contact your office for recall care.  FOR OFFICE USE ONLY  Called: Appointment Date / Time				
Upon receipt of the referral our office will contact the patient to book the initial consultation appointment.  Is a teaching institution:  We accept referrals that are compatible with our graduate students' educational program.  Panorex must be within 1 year of the referral.  Please have your patient bring a copy of their Panorex to the appointment  If you wish, after completion of treatment, patients will be advised to contact your office for recall care.  FOR OFFICE USE ONLY  Called: Appointment Date / Time	other pertinent information.			
Upon receipt of the referral our office will contact the patient to book the initial consultation appointment.  Is a teaching institution:  We accept referrals that are compatible with our graduate students' educational program.  Panorex must be within 1 year of the referral.  Please have your patient bring a copy of their Panorex to the appointment  If you wish, after completion of treatment, patients will be advised to contact your office for recall care.  FOR OFFICE USE ONLY  Called: Appointment Date / Time				
Solution:  We accept referrals that are compatible with our graduate students' educational program.  Panorex must be within 1 year of the referral.  Please have your patient bring a copy of their Panorex to the appointment  If you wish, after completion of treatment, patients will be advised to contact your office for recall care.  FOR OFFICE USE ONLY  Called:  Appointment Date / Time	Signature of referring dentist			
<ul> <li>Panorex must be within 1 year of the referral.</li> <li>Please have your patient bring a copy of their Panorex to the appointment</li> <li>If you wish, after completion of treatment, patients will be advised to contact your office for recall care.</li> </ul> FOR OFFICE USE ONLY Called: Appointment Date / Time	<b>Upon receipt of the referral our</b> as a teaching institution:	office will contact the patient to bool	k the initial consultation appointment.	
If you wish, after completion of treatment, patients will be advised to contact your office for recall care.      FOR OFFICE USE ONLY  Called: Appointment Date / Time	<ul> <li>Panorex must be within 1 year</li> </ul>	of the referral.		
Called: Appointment Date / Time				
		FOR OFFICE USE ONLY		
	Called:	Appointment Da	Appointment Date / Time	
	nsurance:	Tyne		