

IMPORTANT * DO NOT LOSE THIS SLIP * PLEASE BRING IT WITH YOU TO YOUR APPOINTMENT



ClinicOMS

Oral & Maxillofacial Surgery

VAUGHAN

Patient Name _____

Patient Number _____

Patient Email _____

Referral Date _____

Referring DDS _____

Appointment Date _____

Appointment Time _____

Referring for

- ☐ Extractions
- ☐ Socket Grafting
- ☐ Ridge Augmentation
- ☐ Sinus Grafting
- ☐ Dental Implants
- ☐ Digital Custom Temporary
- ☐ Digital Final Restoration
- ☐ Surgical Exposure
- ☐ Biopsy/Pathology
- ☐ Diagnosis

Radiograph

- ☐ Sent by E-mail
- ☐ Sent with Patient
- ☐ Sent by Mail
- ☐ New Pan/CBCT Required

1 Right	Left 2
E D C B A	A B C D E
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
E D C B A	A B C D E
4	3

Remarks _____

Referring Doctor's Signature _____

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Oral & Maxillofacial Surgery

VAUGHAN

Don Hui

Oral & Maxillofacial Surgeon
DDS, FRCD(C)

Kal Rammo

Oral & Maxillofacial Surgeon
DDS, DABOMS, FRCD(C)

Manan Patel

Oral & Maxillofacial Surgeon
DDS, DABOMS, FRCD(C)

To Patients

Please register online at www.clinicoms.com

Please bring the following to your appointment

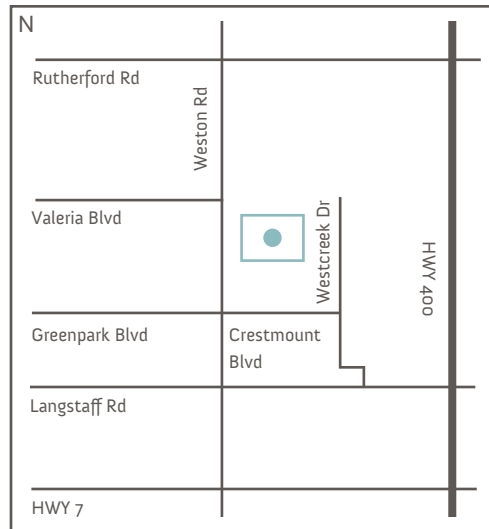
- This referral slip
- Any x-rays given to you by your dentist
- A list of your medications
- Contact information for your doctors and pharmacy
- Dental insurance information

We are located on Weston Rd, north of Crestmount Blvd, in Valeria Plaza (Mandarin Restaurant Plaza). For patients coming southbound on Weston Rd, please turn left on Crestmount Blvd, then another left on Westcreek Dr, and proceed to the Mandarin Restaurant entrance.

8787 Weston Road #1, Woodbridge, ON L4L 0C3

(T) (905) 856-4202 (F) (905) 851-9495

info@clinicoms.com www.clinicoms.com



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