Glenashton Dental Centre
333 Glenashton Dr Unit 3, Oakville, ON, L6H 7P6
905-842-5500 info@glenashtondental.ca

Patient Referral Form

Referral Doctor:

- Dr Mandeep Sood - Orthodontics
- Dr Haissam Kanaan - Oral and Maxillofacial Surgery
- Dr Nasser Derakshan - Periodontics
- Dr Katy Chahine - Periodontics

Referral Date :

Patient Information

Title:

Mr. Mrs. Ms. Miss. Dr. Ind.

First Name :

Last Name :

Date Of Birth :

Genders :

Male Female X

Contact Person (if not patient) :

Phone # :

Email :

Referring Office

Doctor :

Phone # :

Email :

Location (if more than one) :

Reason for Referral

Oral Surgery

- Extraction
- Bone Grafting
- Oral pathology
- Implants
- Sedation
- Others

Oral Surgery

- Periodontal Surgery
- Gum Grafting
- Crown Lengthening
- Bone Grafting
- Ridge Preservation
- Other

Orthodontics

- Metal Braces
- Ceramic Braces
- Invisalign
- Retainers
- Other

Implant System : Straumann Nobel Biocare Others

Clearly explain why a surgical treatment may be necessary (enter 'N/A' if not applicable) * :

Additional Comments :

Specify teeth/areas to be evaluated? * : Yes No

55 54 53 52 51	61 62 63 64 65
19 18 17 16 15 14 13 12 11	21 22 23 24 25 26 27 28 29
49 48 47 46 45 44 43 42 41	31 32 33 34 35 36 37 38 39
85 84 83 82 81	71 72 73 74 75

Reports

Date radiographs were taken * :

Date radiographs were taken (multiple dates) :

Would you like a detailed consultation report? * : Yes No