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TO: Reginald Goodday Chad Robertson Jean-Charles Doucet Resident
 Ben Davis Curtis Gregoire James Brady First available

FROM: Dr. _____
Mailing Address: _____ City: _____
Province: _____ Postal Code: _____ Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

FOR: Patient's Legal Name: (last) _____ (first) _____ (middle) _____
Mailing Address: _____ City: _____
Province: _____ Postal Code: _____ Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____
DOB (y/m/d): _____ / _____ / _____ Gender (M/F): _____
Provincial Health Card#: _____ Expiry Date: _____ / _____ Health Card Province: _____
If Ontario (card version) _____ Family Doctor: _____

REASON: Consultation Treatment

RELEVANT HISTORY:

OTHER DETAILS: An appointment has been made (y/m/d): _____ / _____ / _____
 Radiographs are enclosed Notify on completion
 Please return radiographs after use Other records available
 Radiograph has been emailed

SIGNATURE: _____ DATE: _____