Face Forward
Oral & Maxillofacial Surgery

Dr. Lee Darichuk, BSc DMD MDent FRCDC - Oral & Maxillofacial Surgeon

DATE	Patient Name	
Patient Cell		Patient Email
Patient DOB (DD)/(MM)/(YYYY)		Patient Other Phone
Patient Benefits Info		
Referring Doctor		Doctor Phone

Reason for Referral:

☐ Third Molars ☐ Dental Extraction(s) ☐ Bone Augmentation

☐ Implant(s), Brand/Location: _____, ☐ Guided Surgery

☐ Tooth exposure ☐ Pathology / Biopsy (please include clinical photos of mucosal lesions)

☐ Temporomandibular Joint Disorder ☐ Orthodontic Implant

☐ Post-Surgical Assistance ☐ Sedation / General Anesthesia

Teeth to be extracted:

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

■ 99 - Supernumerary, Qty: Other:

Radiographs: ☐ E-mail ☐ CDA SecureSend / Brightsquid / Other Secure ☐ Mailed ☐ With patient ☐ Please obtain

Notes: _____

☐ URGENT: ☐ Pain ☐ Infection ☐ High Risk Pathology ☐ Benefits Expiring

Medical Alert: _____

Signature: _____

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