REFERRAL FORM

Phone: 902-221-0081; Fax: 902-405-0111; E-mail: info@doctor-yanggu.com

Dr. Y. Gu Oral Pathology Office at 1606 Oxford ST, Halifax, NS, Canada B3H 3Z4

From:

Clinic: _____

Address: _____

Website: _____

Phone: _____ **Fax:** _____

E-mail: _____

Dentists:

Dr. _____

Dr. _____

Dr. _____

Dr. _____

Referring:

Patient's name: (first)_____(last)_____Birthday (y/m/d): _____

Dental insurance company: _____Provincial Health Card #_____

Phone (cell): _____(other): _____ E-mail: _____

Findings:

Oral mucosal lesion: _____ Site: _____ Duration: _____

Orofacial pain: _____Site: _____ Duration: _____

Dry/burning mouth: _____Site: _____ Duration: _____

Miscellaneous lesion: _____Site: _____Duration: _____

Medical History:

DM/Hypothyroidism/HTN/CAD/IBS/IBD/GERD/Depression/COPD/Asthma/OA/RA/MS/Fibromyalgia/_____

Medication: _____

Your tentative diagnosis:

Cancer □ Precancer □ Melanoma □ Oral lichenoid reaction □ Recurrent aphthous ulcer □ TMD □ TN □ Candidiasis □

Other: _____

Please attach the copy of following documents if it is available for you.

1. Imaginings: Clinical photo, PA, Pan., CBCT etc.
2. Reports: Biopsy, List provided by pharmacists, Laboratory examinations etc.

Booking: we usually book your patient in within two weeks. **Practice hours: Thursday 8:00 am – 8:00 pm.**

Parking: our clinic parking lot. Bus: #1 and #14 at Oxford Street close to Coburg Road. **www.doctor-yanggu.com**