



VintageSurgicalSpecialists



Referral Form

Associate Professor Bruce Austin Dr Alastair Stevenson Dr Eric Carter Dr Weber Huang

Date: Patient Name: Address: DOB:

Reason for Consultation

- Third molars Implants Orthognathic Surgery
Extractions/dentoalveolar TMJ/Facial Pain Facial Fractures
Oral Pathology Oral Medicine Salivary Gland Expose & Bond

Available Radiographs/models/surgical guides

- OPG With patient: Yes No
Periapical film With patient: Yes No
CT/Cone beam scan With patient: Yes No
Models With patient: Yes No
Surgical guide With patient: Yes No

Referring Dentist/Doctor: Address: Phone: Prov. No: Signature: