



Oral & Facial Surgery

3440 Highway 2
Fall River, N.S. B2T 1J2

Dr. Lee Chamberlain
902-576-5253(t) 576-5890(f)
www.thelakesoralsurgery.ca

REFERRAL FORM

To: Dr. Lee Chamberlain, DDS, FRCD(C)

Date: _____

From: _____

We are referring:

Patient: _____ DOB: _____

Parent (if <18): _____ Health Card # _____

Mailing Address: _____

_____ Postal Code: _____

(Home) _____ (Work) _____ (Cell) _____

Reason for referral:

Permanent

Consultation 18|28 18 17 16 15 14 13 12 11 | 21 22 23 24 25 26 27 28

Treatment 48|38 48 47 46 45 44 43 42 41 | 31 32 33 34 35 36 37 38

Extraction

Implant

55 54 53 52 51 | 61 62 63 64 65

Pathology

85 84 83 82 81 | 71 72 73 74 75

Cosmetic

Other

Comments: _____

History: _____

Please call the patient

Patient will call

An appointment has been made:

Radiographs:

Have been sent (Note: all radiographs will be returned)

Have been emailed

None

Models:

Are available (for implants etc)

Have been sent

None