

GumDocs Dental Centre

MAXILLOFACIAL SURGERY | PERIODONTICS | ENDODONTICS | IMPLANT DENTISTRY | SLEEP APNEA & TMD

240 Catherine Street 4th Floor
Ottawa, ON, K2P 2G8
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inquiries@gumdocs.com

Patient Information

Prefix _____ First Name _____ Last Name _____ DOB (MM/DD/YYYY) _____

Address _____

City _____ Province _____ Postal Code _____ Phone (Home) _____ Phone (Cell) _____

Email Address _____

Administrative Information

Referring Dentist _____ Ref. Office Name _____ Ref. Office Phone _____

Ref. Office Email Address _____ Date Referred (MM/DD/YYYY) _____

Treatment Information

Patient has had recent radiographs:

Yes - Date: _____

No

If yes, please send via mail or
CDA SecureSend

Please mark teeth or area to be treated

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

Periodontics

First Available Karen Fung Isabelle Quenneville Jacob Fitzgerald
 Eugenie MacKay Alison McGuire Janelle Hamilton

Reason for referral:

Specific Consultation Comprehensive Consultation

Oral Surgery

Amin Alibhai

Reason for referral:

Extraction(s) Implant(s) Biopsy Other: _____

Endodontics

First Available Lyon Hamburg Michael Rapp

Reason for referral:

Consultation Root Canal Therapy Periapical Surgery

Additional diagnostic information

Sensitivity to Cold/Hot Non-specific pain for diagnosis Post Space Required
 Severe Pain/Swelling Elective Endodontics IV Sedation Required
 Pain to biting and/or pressure sensitivity Retreatment Antibiotic Premedication Required

Sleep Apnea and TMD

Sherif Elsaraj

Reason for referral:

TMD Assessment Sleep Apnea Assessment Other: _____

Additional Notes

Thank you for your referral!