AOSA
+ Facial Reconstructive Surgery

ATLANTIC ORAL SURGERY ASSOCIATES
DR. PHILIP CYR & DR. LOUIS BOURGET
PATIENT REFERRAL

DATE _____

REFERRING DOCTOR (Last Name) _____ (First) _____

Telephone ( ) _____ Fax ( ) _____ Email _____

PATIENT NAME (Last) _____ (First) _____ D.O.B. _____

Street Address _____

City _____ Province _____ Postal Code _____

Telephone (Home) ( ) _____ (Cell/Work) ( ) _____ Email _____

Patient's preferred method(s) of communication ☐ MAIL ☐ PHONE ☐ EMAIL

Provincial Health Card # _____ Parent/Guardian (Last) _____ (First) _____

Dental Insurance ☐ NONE ☐ GROUP/PRIVATE (Name) _____ ☐ COMMUNITY SERVICES

Plan Holder Name (Last) _____ (First) _____

Relationship with Plan Holder ☐ SELF ☐ SPOUSE ☐ COMMON LAW ☐ DEPENDANT

Insurance Plan Holder's D.O.B. _____ Employer of Plan Holder _____

PLAN/GROUP NUMBER _____ ID/CERTIFICATE NUMBER _____

CONSULTATION LOCATIONS *(Please indicate preference of location for your patient)*

☐ DARTMOUTH ☐ HALIFAX ☐ BRIDGEWATER ☐ WINDSOR ☐ Patient Choice

SURGEONS *(Please indicate preference of surgeon(s) for your patient)*

☐ First Available ☐ *Philip L. Cyr* ☐ *Louis A. Bourget*

NOTE: We make every effort to book with your specified surgeon, but sometimes a patient will choose another surgeon for scheduling convenience. Please check here if only your specified surgeon is acceptable. ☐

Check this box if referring for i-CAT® scan only. Indicate purpose/region of the desired scan.
NOTE: i-CAT scan available only at Dartmouth office. Please call if you have any questions. ☐

REASON FOR REFERRAL

MEDICAL HISTORY or MEDICATIONS OF NOTE _____

APPOINTMENT ☐ ASAP ☐ ELECTIVE ☐ HAS BEEN BOOKED (Date: _____ Time: _____)

X-RAYS ☐ INCLUDED ☐ BEING MAILED ☐ EMAILED ☐ SUBMITTED ONLINE ☐ PLEASE TAKE ☐ N/A

OTHER ENCLOSURES _____

REPORT METHOD ☐ WRITTEN ☐ FAX ☐ ELECTRONIC ☐ TELEPHONE

PLEASE INDICATE THE AREA / TOOTH NUMBER(S) FOR TREATMENT

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	E	D	C	B	A	A	B	C	D	E
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	E	D	C	B	A	A	B	C	D	E

Atlantic Oral Surgery Associates

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