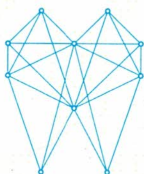

Nanaimo Dental Specialists

Dr. Nathan Lee, DMD
Certified in Oral Medicine
and Oral Pathology

REFERRAL FORM

DATE:______________________

Introducing:______________________ D.O.B: YEAR / MON / DAY Sex: ☐ M ☐ F

Address:______________________ City:__________ PC:__________

Contact: TEL#:__________ CELL#:__________ E-Mail:__________

Referring Doctor:__________ Clinic:__________ Tel:__________

☐ photograph/radiograph enclosed

☐ oral lesion, orofacial lesion, head + neck lesion	☐ orofacial pain, temporomandibular disorder	☐ oral manifestation of systemic condition
☐ soft tissue	☐ trauma-related	☐ xerostomia
☐ white lesion	☐ jaw pain	☐ burning mouth
☐ red lesion	☐ headache	☐ rheumatologic
☐ pigmented lesion	☐ limited opening	☐ dermatologic
☐ mass, exophytic	☐ open lock	☐ immunocompromised
☐ ulcer, endophytic	☐ joint sounds	☐ medication-related
☐ vesicle, fluid-filled	☐ oral appliance	☐ cancer treatment-related
☐ hard tissue	☐ injections	☐ transplant-related

Comments:

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PRIMARY INSURANCE COMPANY NAME: ______________________

Policy holder: ______________________ D.O.B: YEAR / MON / DAY

Group plan#______________________ CERT#/I.D.# ______________________

SECONDARY INSURANCE COMPANY NAME: ______________________

Policy holder: ______________________ D.O.B: YEAR / MON / DAY

Group plan#______________________ CERT#/I.D.# ______________________

PLEASE SEND ALL PREVIOUS XRAYS TAKEN

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