Dr. Shawn Higashi
Northland Oral & Maxillofacial Surgery Centre

referral

Northland Professional Building
Suite 204, 4600 Crowchild Trail NW, Calgary, Alberta T3A 2L6
Phone 403.286.5000 Fax 403.286.3333
info@northlandoralsurgery.com

DATE _____

REFERRING DOCTOR _____ PHONE _____

REFERRING EMAIL ADDRESS _____

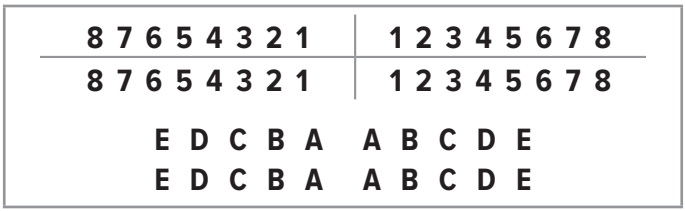
PATIENT NAME _____ PHONE _____

PARENT/GUARDIAN CONTACT INFORMATION (IF APPLICABLE) _____

APPOINTMENT DATE _____ TIME _____

REASON FOR REFERRAL: (CHECK ALL THAT APPLY)

- ❑ IV Sedation / General Anesthesia
- ❑ Wisdom Teeth Consult / Extraction
- ❑ Extraction of Erupted Teeth
- ❑ Implant Consultation
- ❑ Socket / Ridge Preservation
- ❑ Bone Grafting / Pre-prosthetic Surgery
- ❑ Expose / Bond Impacted Teeth
- ❑ Orthognathic / TMJ / CLP Consultation
- ❑ Pathology / Biopsy / Infection
- ❑ Trauma



Medical Conditions: _____

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Additional Comments: _____

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❑ X-Ray Emailed ❑ X-Ray With Patient ❑ X-Ray Needed