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 Dr.: _____

Dr.'s Ph.: _____ Location (if multiple): _____

Patient's Full/Legal Name: _____

Preferred/Nickname (if different): _____ Gender: M/F

DOB (DD/MM/YY): _____ Parent/Guardian: _____

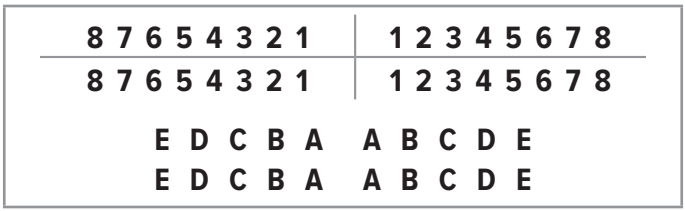
H #: _____ C #: _____

O #: _____ Email: _____

Insurance Carrier(s): _____

Reason for referral: (Check all that apply)

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



Medical / Additional Comments: _____

Imaging Date: (DD/MM/YY): _____ Sent Via: Email, Canada Post, Patient

Imaging Type: PAN, PA/BWs, Photos, CBCT, Other: _____

****** Referrals also welcome online @ www.northlandoralsurgery.com ******