



☐ **FIRST AVAILABLE**
ANY PROVIDER

☐ **DR. JAY LALLI**
ORAL & MAXILLOFACIAL SURGERY

☐ **DR. SHAWN HIGASHI**
ORAL & MAXILLOFACIAL SURGERY

☐ **DR. JONATHAN CHU**
ORAL MEDICINE & OROFACIAL PAIN

REFERRING OFFICE

Date: _____ Referring Dr.: _____
Dr.'s Ph.: _____ Location (if multiple): _____ Office Email: _____

PATIENT INFORMATION

Patient's Full/Legal Name: _____
Preferred/Nickname (if different): _____ Gender: _____
DOB (DD/MM/YY): _____ AHC/PHN #: _____ Parent/Guardian: _____
H #: _____ C #: _____ O #: _____
Patient Email: _____ Insurance Carrier(s): _____

REASON FOR REFERRAL — CHECK ALL THAT APPLY

ORAL & MAXILLOFACIAL SURGERY

DR. LALLI • DR. HIGASHI

- ☐ IV Sedation / General Anesthesia
☐ Wisdom Teeth Consult / Extraction
☐ Extraction of Erupted Teeth
☐ Expose / Bond Impacted Teeth
☐ Socket / Ridge Preservation
☐ Bone Grafting / Pre-prosthetic Surgery
☐ Implant Consultation
☐ Orthognathic Consultation
☐ Surgical TMJ Consultation
☐ Biopsy / Excision of Lesion
☐ Infection / Abscess
☐ Trauma
☐ Other: _____

ORAL MEDICINE & OROFACIAL PAIN

DR. JONATHAN CHU

- ☐ White / Red Lesion (Leukoplakia / Erythroplakia)
☐ Lichen Planus / Immune-Mediated Disease
☐ Ulceration — recurrent or non-healing
☐ Soft Tissue Mass / Fibroma / Mucocoele
☐ Candidiasis / Fungal Infection
☐ Herpes / Viral Infection
☐ Xerostomia / Salivary Gland Dysfunction
☐ Sjögren's Syndrome Workup
☐ Burning Mouth / Taste Disturbance
☐ **TMD / Non-Surgical TMJ Management**
☐ Orofacial / Neuropathic Pain
☐ Radiation / Chemotherapy / MRONJ Complication
☐ Other: _____

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

Site / Tooth #(s) — describe soft tissue site if applicable: _____

Duration of lesion / symptoms: _____

Previous treatment / biopsy for this concern: _____

URGENCY

☐ **ROUTINE**

☐ **URGENT**

Reason / clinical concern: _____

MEDICAL HISTORY, MEDICATIONS & ADDITIONAL COMMENTS

Imaging Date (DD/MM/YY): _____ Sent Via: ☐ Email ☐ Canada Post ☐ Patient ☐ None
Imaging Type: ☐ PAN ☐ PA / BWs ☐ Photos ☐ CBCT Other: _____

Find Us Here!

204 - 4600 Crowchild Trail NW
Calgary, AB T3A 2L6



FREE PARKING UP TO 3 HOURS

Plenty of free parking available around the building.

MAIN ENTRANCE

Enter through the main doors at the front of the building.

ELEVATORS

Take the elevator to the 2nd floor.

OUR SUITE

Northland Oral Surgery is located in Suite 204.

If you need assistance, please call us at **403-286-5000**

