

· ST. CATHARINES ORAL SURGERY ·  
CONE BEAM C.T. SERVICE

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REFERRAL PAD

Patient Name: \_\_\_\_\_

D.O.B of Patient (DD/MM/YYYY): \_\_\_\_\_

Address of Patient: \_\_\_\_\_

Referring Dentist: \_\_\_\_\_

Dentists to Receive Copies of Report: \_\_\_\_\_

Region of Interest: \_\_\_\_\_

Pertinent Clinical Details: \_\_\_\_\_

Provisional Diagnosis: \_\_\_\_\_

Proposed Treatment:

Type of Report Requested:      Implant Treatment Planning

Other: \_\_\_\_\_

Please send or email any recent films taken in the area of clinical interest.  
**All sections to be completed (as per RCDSO) for C.T. to be taken.**

75 CORPORATE PARK DRIVE, SUITE 106, ST. CATHARINES, ONTARIO L2S 3W2

TELEPHONE 905.704.1449   FAX 905.704.1448

st.catharinesoralsurgery@bellnet.ca

**Dr. Vigna & Dr. Duchnay**

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www.stcatharinesoralsurgery.com

Directions from:

Hamilton / Grimsby Area:

QEW to Seventh St. Exit  
Right on Seventh St.  
Left on South Service Rd.  
Follow to Martindale Rd.  
Cross over Martindale Rd.  
into Corporate Park Dr.

Niagara Falls / NOTL Area:

QEW to Martindale Rd. Exit  
Right on Martindale Rd.  
Left on Corporate Park Dr.

Thorold / Welland Area:

406 to Fourth Ave. Exit  
West on Fourth Ave.  
Right on Martindale Rd.  
Right on Corporate Park Dr.

