

MICHAEL DUCHNAY, D.M.D., M.Sc., F.R.C.D. (C.)

ORAL MEDICINE SPECIALIST

REFERRAL PAD

Patient Name: _____

Gender: M F Age: D.O.B.: DD/MM/YYYY

Appointment Date/Time: _____

Referred by Dr. _____

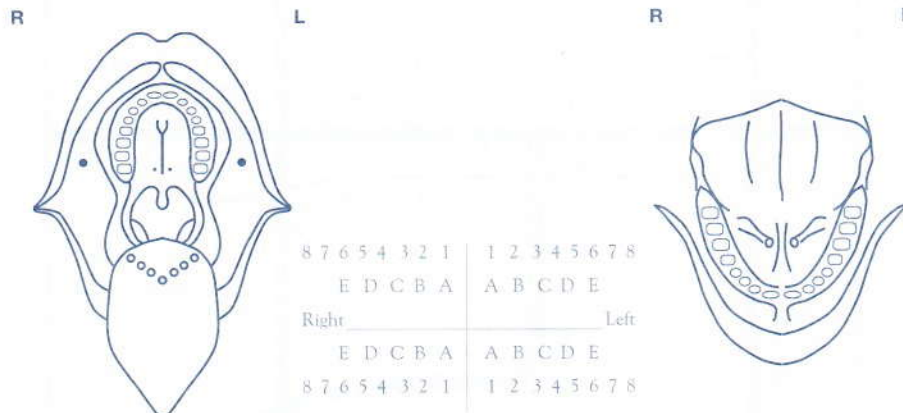
Regarding:

- | | |
|--|---|
| <input type="checkbox"/> Oral Cancer Screening | <input type="checkbox"/> Orofacial Pain |
| <input type="checkbox"/> Oral Lesion/Infection | <input type="checkbox"/> Dry Mouth |

Other _____

Location/Distribution: _____

Please indicate the location of any lesions (use an X, arrow, or circle the affected area)



Clinical Appearance: size Colour/Texture
Shape Demarcation/Borders
Consistency on Palpation Ulceration: Yes No
Duration/Frequency Evolution

Radiographic Appearance: _____

(See Back)

75 CORPORATE PARK DRIVE, SUITE 106, ST. CATHARINES, ONTARIO L2S 3W2
TELEPHONE 905-704-1449 FAX 905-704-1448
www.stcatharinesoralsurgery.com

Clinical Suspicion: _____

Summary of History (including Tobacco, Alcohol, Recreational Drugs)

Checklist of Accompanying Materials: (sent with patient/directly from referring office)

- | | |
|--|--|
| <input type="checkbox"/> Comprehensive List of Medications/Dosages | <input type="checkbox"/> Medical Letters |
| <input type="checkbox"/> Radiographs (no photocopies please) | <input type="checkbox"/> Laboratory/Diagnostic Reports |
| <input type="checkbox"/> Clinical Photographs | <input type="checkbox"/> Imaging Reports |
| <input type="checkbox"/> Previous Biopsy Reports | <input type="checkbox"/> Blood Work |



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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.