

· ST. CATHARINES ORAL SURGERY ·

LORENZO VIGNA · D.D.S., F.R.C.D.(C)

ORAL & MAXILLOFACIAL SURGEON

REFERRAL PAD

Patient Name: _____

Appointment Date and Time: _____

Regarding:

Extractions

Dental Implants

Bone Grafting

Infection

Pathology

Sedation

General Anesthesia

Other _____

Diagnosis: _____

Services Requested: _____

Referred by Dr. _____

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

Circle which teeth to be extracted

(Directions to Office on Back)

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

TELEPHONE 905.704.1449 FAX 905.704.1448

www.stcatharinesoralsurgery.com

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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.

