



Dr. H. Ads Oral Surgery

Limited General Dentistry 1224 Place d'Orleans drive, unit 106, Ottawa, ON

613-824-0600

info@OralSurgeryOttawa.ca

Referral Form

*Thank you for trusting us with your patient's surgical needs. Please fill out the form and email it to info@OralSurgeryOttawa.ca
We'll keep you updated and refer the patient back once the requested treatment is completed.*

Patient Name _____ Age _____ Phone no. _____

Service Requested:

- | | |
|---|---|
| <input type="checkbox"/> Extraction | <input type="checkbox"/> Bone Graft |
| <input type="checkbox"/> Wisdom Teeth Removal | <input type="checkbox"/> Ridge Augmentation |
| <input type="checkbox"/> Implants | <input type="checkbox"/> Sinus Lift |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> IV Sedation |

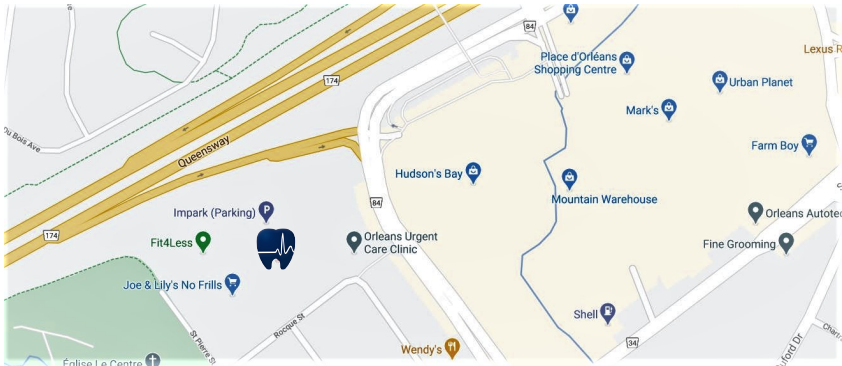
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	54	53	52	51				61	62	63	64	65			
85	84	83	82	81				71	72	73	74	75			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referring DDS _____ DDS E-mail _____

Referring DDS phone no. _____

X-rays Forwarded Given to patient On File Not Taken

Notes _____



Dr. Ads is a General Dentist, he practices General Dentistry with non-referred patients