



DR. NATHAN LEE, DMD, FRCD (C)

SPECIALIST IN ORAL MEDICINE & ORAL PATHOLOGY
302-3939 QUADRA ST. VICTORIA BC V8X 1J5
VICTORIA ORAL SURGERY

Tel: 250-727-3390

Fax: 250-727-3301

Email: reception@victoriaoralsurgery.com

PATIENT INFORMATION

Name: _____
Address: _____
City: _____
Postal Code: _____

Today's Date (MM-DD-YY): _____
Date of Birth (MM-DD-YY): _____
Home phone: _____
Work/Cell phone: _____
E-mail: _____

DENTAL INSURANCE

Carrier Name: _____ Group #: _____ Certificate/ID #: _____
Policy Holder: _____ Date of Birth (MM-DD-YY): _____

REASON FOR REFERRAL

Pathology

- Soft tissue
- Hard tissue

Location: _____

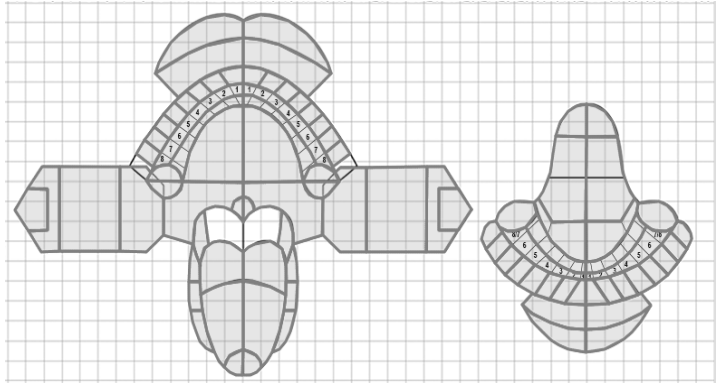
Appearance: _____

Size: 1 cm and under
 1-2 cm and over

Additional Records attached:

- Relevant Medical History
- Medication List
- Prior Biopsy Report(s)

URGENT (lesional images will expedite triage)



Orofacial pain

- Temporomandibular disorder
- Neuropathic
- Injections
 - Intramuscular
 - Intraarticular

Location: _____
Triggers: _____
Ablators: _____
Duration: _____
Quality: _____
Severity: _____

Imaging Enclosed/Emailed

- PAN Date taken (MM-DD-YY): _____
- CBCT Date taken (MM-DD-YY): _____
- US/XR/CT/MRI report
- No imaging available

COMMENTS:

Referred by Dr. _____

Tel: _____

Referring Office: _____

Fax or E-mail: _____