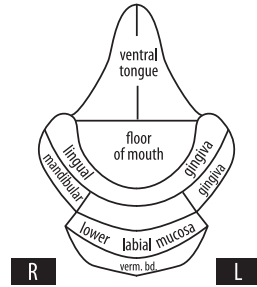
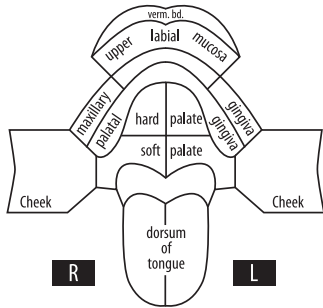


**Abbotsford Clinic** 303-1945 McCallum Rd., Abbotsford, BC V2S 3N2 Tel: 604-755-8278  
**Vancouver Clinic** 1233 W. Broadway, Vancouver, BC V6H 1G7 Tel: 604-738-6725  
**Toll-free fax** 1-866-558-9921  
**Website / Email** www.opusoralhealth.ca info@opusoralhealth.ca

**Introducing** Patient's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Email \_\_\_\_\_

**Referred by** Dr. \_\_\_\_\_ Phone \_\_\_\_\_  
 Clinic's Email \_\_\_\_\_

**Reason for Referral**



- |   |  |
|---|--|
| <input type="checkbox"/> Oral mucosal and pathological disease                | <input type="checkbox"/> Temporomandibular joint disorders (TMD) |
| <input type="checkbox"/> Oral (pre-) cancer screening & management            | <input type="checkbox"/> Cone beam CT acquisition                |
| <input type="checkbox"/> Oral health management for medically complex patient | <input type="checkbox"/> Dental sleep medicine                   |

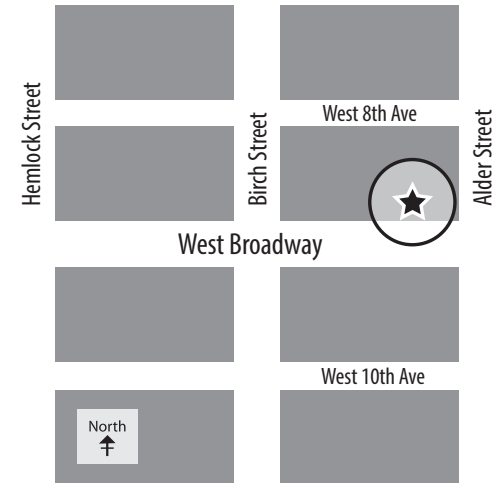
**Special Notes** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Doctor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Location**  
 Abbotsford  
 Vancouver

Please **FAX referral** form to 1-866-558-9921 (toll-free) or **EMAIL referral** to info@opusoralhealth.ca. For better communication, please advise patient to **EMAIL** us for an appointment.

**Cancellation policy** : This appointment is reserved exclusively for you; if you are unable to attend, please notify us at least **4 working days in advance** to avoid late cancellation charges.

**VANCOUVER**



**ABBOTSFORD**

