



DR. A.S. VILLING INC.
DR. R.P. GREWAL INC.
 CERTIFIED SPECIALISTS
 ORAL AND MAXILLOFACIAL SURGERY

SUITE 302 - 7380 KING GEORGE BLVD., NEWTON VILLAGE, SURREY, B.C. V3W 5A5
 Tel: **604-590-5297** Fax: 604-543-0452
 Email: info@bcoralfacialsurgery.ca

WE ARE REFERRING

Patient: _____ Birth date: _____

Guardian (if applicable) _____

Address: _____ City: _____ PC: _____

Tel: _____ Cel: _____ Bus: _____

Referred by: _____ Tel: _____

Dental Insurance Information: _____

Please take Radiograph Radiograph enclosed Radiograph given to patient

Appointment Date: _____ Time: _____ Dr: _____

Appointment Information: This time is reserved specifically for you. If by necessity you must cancel your appointment for surgery, please notify us at least two days in advance.

REASON FOR REFERRAL

- | | |
|--|--|
| <input type="checkbox"/> 3rd Molar | <input type="checkbox"/> Alveoplasty |
| <input type="checkbox"/> Extractions | <input type="checkbox"/> Apicoectomy |
| <input type="checkbox"/> Implants | <input type="checkbox"/> Expose & Bond |
| <input type="checkbox"/> Augmentation | <input type="checkbox"/> Frenectomy |
| <input type="checkbox"/> Sinus Lift | <input type="checkbox"/> Infection |
| <input type="checkbox"/> Socket Graft | <input type="checkbox"/> Lesion |
| <input type="checkbox"/> Ridge | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> Botox | <input type="checkbox"/> Orthognathic |
| <input type="checkbox"/> Jaw Fracture / Trauma | <input type="checkbox"/> Other _____ |

Please indicate teeth to be removed or surgery to be performed.

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

Comments: _____

To assist your patients, we accept most insurance plans on an assignment basis and we are conveniently open Monday to Friday from 8:30 am to 4 pm. We place great emphasis in providing quality care to patients in need. As such, emergency patients are met with our utmost priority and will be treated on the same day.

**Please bring this referral
 to your appointment**

