

MOUTH CLINIC REFERRAL FORM

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REFERRAL INFORMATION - REFERRAL MUST BE FROM A PHYSICIAN	
Referral Date: REFERRING PHYSICIAN OHIP BILLING #	
Referral Name:	Tel #
	Fax :
Referral Address (full address required)	
PATIENT INFORMATION	
Patient's Name:	
Date of Birth: (YYYY / MM / DD)	Gender:
Address:	Postal Code:
Please check off preferred contact Tel:(Home) (Work)	Cell)
Health Card Number (OHIP #)	Version Code:
INFORMATION MUST BE COMPLETED IN FULL – PRINT CLEARLY	
Urgency of care: Urgent Routine Recent Results Attached (eg. Biopsy/Radiology/Specialist reports) Dental X-rays: Digital xrays (Printed NOT accepted) Mailed on CD Email (call 416-586-5198 for instructions). Non-Digital X-rays: NO X-rays Sent with Patient Photos (Do not Fax – to email call 416-586-5198)	
Reason for Referral:	
Type of Lesion: 🗆 Ulcer 🗆 Swelling 🗔 Red area 📋 White area 🗔 Pain 🗔 Other	
Location of Lesion: Duration	: Size:
Medical History:	
Current Medications:	
Is Patient on Anticoagulants: YESNO Name of	of Anticoagulant:
Other Comments:	
 Please: Fax this referral form to 416-586-4745 Call the office for email information to transfer images Provide your patient with the following information in regards to their appointment Please inform our office if an interpreter is required. Cancellation Policy: This appointment time is reserved for your patient. If unable to attend, our office must be notified at least 3 working days in advance to avoid cancellation charges. 	

YOUR APPOINTMENT FOR ORAL PATHOLOGY:

- Our practice is located within the Department of Dentistry at Mount Sinai Hospital, a University of Toronto teaching hospital.
- Bring your Ontario Health Insurance Plan (OHIP) Card. Ensure that it has not expired, or you will be responsible for payment of the appointment.
- All patients who are seen in the hospital must obtain a hospital card prior to appointments. If you do not have a card, please go to "Patient Registration" located on the main floor of the hospital next to the Murray Street entrance. Please arrive at least 45 minutes before your appointment in order to obtain a hospital card.
- Bring your hospital card to the Dental Department, Suite 412 (take the escalator to the 4th floor, Mezzanine Level — and turn right). You must arrive at least 15 minutes before your appointment. Please inform our reception staff once you have arrived.

ADDITIONAL INFORMATION

- The consultation fee for an Oral Pathologist is covered by OHIP however Dental X-rays are not.
- A dental insurance form will be completed for you however, please be aware that we do not accept assignment. This simply means that all fees are due, in full, by the patient or guardian at the time service is provided and your insurance cheque will go directly to you, not this office.
- Fees may be paid by cash, VISA, MasterCard or Interac. We do not accept personal cheques.
- Please be aware that we require at least 72 business hours notice of cancellation otherwise a cancellation fee may apply

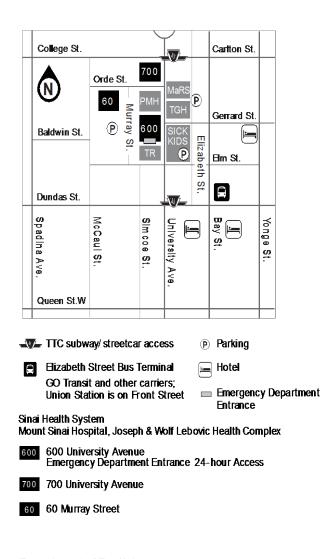
THINGS TO BRING FOR YOUR CONSULTATION:

- Your Ontario Health Insurance (OHIP) Card
- Information about your medical health
- Medications your are currently taking
- If xrays are needed for the consultation(eg. For teeth or bone problems)

For analog/non-digital Xrays: the patient may bring these or they may be mailed to our office

For Digital Xrays:

- 1. Paper printout of xrays are not accepted.
- 2. Dentist may be send via secure email with patients permission. The dental office must contact our office.



Department of Dentistry Mount Sinai Hospital, Joseph & Wolf Lebovic Health Complex 412–600 University Avenue Toronto, Ontario M5G 1X5 T 416-586-4800 mountsinai.ca

Location

- Mount Sinai Hospital is located on the University Subway line easily accessed from Queen's Park or St. Patrick Station.
- Parking is located behind the hospital on Murray Street.