

RICHMOND

ORAL AND FACIAL SURGERY

Dr. Richard Chau | Dr. Adam Samji
Certified Specialists in Oral and Maxillofacial Surgery

#210 - 8171 Cook Road
 Richmond, BC V6Y 3T8
 T: 604-248-5180 F: 604-248-5181
 richmondofsurgery@gmail.com
 www.richmondofsurgery.com

Date: _____

Patient Name: _____ Referring Doctor: _____
Last First

DOB: _____ Doctor's Phone #: _____

Phone #: _____
Home Mobile Work

App. Date: _____ App. Time: _____

Insurance Carrier: _____ Policy #: _____

Employer: _____ ID#: _____
 Basic %: _____ Annual Max: _____

Plan Holder Name: _____ DOB: _____
Last First

Reason for Referral:

55 54 53 52 51	61 62 63 64 65
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
85 84 83 82 81	71 72 73 74 75

- | | | |
|--|--|--|
| <input type="checkbox"/> Extraction | <input type="checkbox"/> Sedation | <input type="checkbox"/> Oral Lesion/Pathology |
| <input type="checkbox"/> As Marked Above | <input type="checkbox"/> Bone Grafting | <input type="checkbox"/> Request Biopsy |
| <input type="checkbox"/> Implants | <input type="checkbox"/> Panorex | <input type="checkbox"/> Exposure/Uprighting |
| <input type="checkbox"/> As Marked Above | <input type="checkbox"/> Cone Beam CT | <input type="checkbox"/> TMJ |

Remarks: _____

Please mail hardcopy radiographs or email digital radiographs to us. Tear off below & give to patient:



Appt. Date: _____
 Time: _____

Please give us 48 hours notice if you are unable to keep this appointment.

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