

RICHMOND

ORAL AND FACIAL SURGERY

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

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Date: _____

Patient Name: _____ Referring Doctor: _____
Last First

DOB: _____ Doctor's Phone #: _____

Phone #: _____
Home Mobile Work

Insurance Carrier: _____ Policy #: _____

Employer ID#: _____

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"/> As Marked Above | <input type="checkbox"/> Sedation/Anesthesia
<input type="checkbox"/> Bone Grafting | <input type="checkbox"/> Oral Lesion/Pathology
<input type="checkbox"/> Request Biopsy |
| <input type="checkbox"/> Implants
<input type="checkbox"/> As Marked Above
<input type="checkbox"/> Nobel <input type="checkbox"/> Straumann | <input type="checkbox"/> Panorex
<input type="checkbox"/> Cone Beam CT | <input type="checkbox"/> Location: _____
<input type="checkbox"/> Exposure/Uprighting |

X- Rays:

- ☐ Take as needed ☐ Patient Bringing ☐ Emailing ☐ Mailing

Remarks: _____

