WhitePinesDental Referral Form

1465 Riverside Dr. Suite C, Timmins, Ont., P4R 1M8
referrals@whitepinesdental.com
Phone (705) 268-4444 - Fax (705) 268-4447

Patient Name | Patient DOB | Date

Parent / Guardian

○ Male
○ Female

Address | Telephone #

City | Cell Phone

Province | Postal Code | E-mail

Insurance Details - *Leave blank if no insurance*

Carrier | Policy # | ID #

Member's Name | DOB

Referring Dentist Name | Phone | email

Please select relative dental specialty

- ☐ Oral Maxillofacial Surgeon
- ☐ Endodontic Specialist
- ☐ Periodontal Specialist
- ☐ Dentistry while asleep

Reason for referral

- ☐ Wisdom teeth extractions
- ☐ Implants
- ☐ Bone Grafting
- ☐ Biopsy
- ☐ Tissue grafting
- ☐ Periodontal evaluation
- ☐ Crown lengthening
- ☐ Root canal (Endo)
- ☐ Retreat root canal
- ☐ Apical Surgery
- ☐ Children's dentistry
- ☐ TMJ
- ☐ Other _____

For evaluation of the following teeth

1	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	2		5	5	4	3	2	1		1	2	3	4	5	6
RIGHT									**PERMANENT**									LEFT	RIGHT						**PRIMARY**						LEFT	
4	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	3		8	5	4	3	2	1		1	2	3	4	5	7

Attachments

- ☐ X-rays — X-ray Date
- ☐ Perio. Charting
- ☐ Photos
- ☐ Pre-med required

Comments

Dr. John McIntosh - Oral Maxillofacial Surgeon
Dr. Ken Serota - Endodontic Specialist
Dr. Ren Mann - Anesthesiologist
Dr. Lisa Kelly - General Dentist GA Services
Dr. Jaffer Kermalli - Peridontic Specialist