REFERRAL FORM

New West Oral Surgery

Certified Specialists Oral & Maxillofacial Surgery

Dr. Ray Grewal · Dr. Akash Villing · Dr. Harsh Mangat

982 Quayside Dr,
New Westminster, BC
V3M 0L5

Phone (604) 553-6725
Fax (604) 553-6727
Email info@newwestoralsurgery.com

To assist your patients, we accept most insurance plans on an assignment basis. 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.

Your appointment is reserved specifically for you. If by necessity you must **cancel** *your appointment for surgery, please notify us* **at least two days in advance.**

Please bring this referral to your appointment

Patient

Birth Date

Guardian
(if applicable)

Patient Phone

Patient Address

CITY POSTAL CODE

Referred by

Date referred

Referral Phone

- ○ Please take Radiograph
- ○ Radiograph enclosed
- ○ Radiograph given to patient

Dental Insurance Information

Plan Name: _____

Policy No: _____

ID No: _____

Dependent No: _____

Insured Name: _____

Insured DOB: _____

Basic Percentage: _____

Annual Maximum: _____

Reason for Referral

- ○ 3rd Molar
- ○ Extractions
- ○ Implants
- ○ Augmentation
  - ○ Sinus Lift
  - ○ Socket Graft
  - ○ Ridge
- ○ Botox
- ○ Cosmetic Surgery
- ○ Jaw Fracture / Trauma
- ○ Alveoplasty
- ○ Apicoectomy
- ○ Expose & Bond
- ○ Frenectomy
- ○ Infection
- ○ Lesion
- ○ TMJ
- ○ Orthognathic
- ○ 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