PRISTINE HEALTH CLINIC
Caring Healthcare Providers

NE Branch: 109 – 3223 5 Avenue NE Calgary, AB. T2A 6E9
Tel: 403-800-2234, Fax: 403-800-2245
SE Branch: 108 - 11420 27 Street SE Calgary, AB. T2Z 3R6
Tel: 403-800-2242, Fax: 403-800-2243

Oral Medicine & TMD/Orofacial Pain Clinic Referral Form

Referring Doctor:	Prac. ID:
Tel:	Fax:

Patient Name:
Address:
Phone# Home/Cell:

Date:	D.O.B.(D/M/Y):
Sex: M/F:	E-Mail:
AHC:	Age:

Medical History:
Medications:

REASON FOR REFERRAL:

Oral Mucosal Lesions	TMJD/Sleep medicine	Orofacial pain
Burning Mouth	Neuromodulators	Headache/Migraine

RADIOGRAPHS OR CLINICAL PHOTOS:

PAN	Periapical	CBCT