Argyle ASSOCIATES
ORAL & MAXILLOFACIAL SURGERY

CARING.
EXCELLENCE.
TEAMWORK.
COMMUNITY.

REFERRAL FORM

It is an honour to be included on your healthcare team. Thank you for entrusting your patients to us.

You may refer patients by filling out and submitting this secure online Referral Form. The security and privacy of patient data is one of our primary concerns. We take every precaution to protect it.

PATIENT INFORMATION

First Name | Last Name | Date of Birth (mm/dd/yyyy) | Date Submitted (mm/dd/yyyy)

Address

City | Province | Postal Code

Phone (home) | Phone (cell) | Email

REFERRAL INFORMATION

Requested Surgeon:

- ☐ Dr. Ed Zeligman
- ☐ Dr. H. Richard Biewald
- ☐ Dr. Hassan G. Moghadam
- ☐ Dr. Kevin J. Butterfield
- ☐ Dr. Taylor P. McGuire
- ☐ Dr. Adam M. Irvine
- ☐ Dr. Andrew Wing Cheong Lee

Office Location

Referring Dentist | Referring Dentist Email

Radiographs: ☐ Yes ☐ No ☐ Given to Patient

TEETH OR AREA TO BE TREATED

☐ 18	☐ 17	☐ 16	☐ 15	☐ 14	☐ 13	☐ 12	☐ 11	☐ 21	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26	☐ 27	☐ 28
			☐ 55	☐ 54	☐ 53	☐ 52	☐ 51	☐ 61	☐ 62	☐ 63	☐ 64	☐ 65			
			☐ 85	☐ 84	☐ 83	☐ 82	☐ 81	☐ 71	☐ 72	☐ 73	☐ 74	☐ 75			
☐ 48	☐ 47	☐ 46	☐ 45	☐ 44	☐ 43	☐ 42	☐ 41	☐ 31	☐ 32	☐ 33	☐ 34	☐ 35	☐ 36	☐ 37	☐ 38

Other Comments

Select one or more of the treatments:

- ☐ Implants
- ☐ Extractions
- ☐ Impacted Teeth
- ☐ Lesion
- ☐ Orthognathic Surgery
- ☐ Infection
- ☐ TMJ
- ☐ Sleep Apnea
- ☐ Others