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. Ian Buckley
- ☐ 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

BARRHAVEN
10-3091 Strandherd Drive
K2G 4R9

ORLEANS & SURGICENTRE EAST
750 Taylor Creek Drive
K4A 0Z9

OTTAWA & SURGICENTRE WEST
100-2255 Carling Avenue
K2B 7Z5

KANATA
15-499 Terry Fox Drive
K2T 1H7

Tel: (613) 778-8888
Fax: (613) 778-8889
E: patientservices@argyleassociates.com

www.argyleassociates.com