



University of Saskatchewan  
College of Dentistry  
General Practice Residency  
**Oral Medicine-Oral Pathology Clinic**  
**Referral Form**

(Dr. Amanda Gruza, DMD, FRCD(C))

Fax Referrals To: (306) 966-1795

Radiographs/Clinical Images can be sent directly to [amanda.gruza@usask.ca](mailto:amanda.gruza@usask.ca)

**REFERRING DENTIST/PHYSICIAN/SPECIALIST:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**PATIENT INFORMATION:**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Male/Female/Other \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

PHN: \_\_\_\_\_



**PATIENT MEDICAL HISTORY:**

Conditions: \_\_\_\_\_

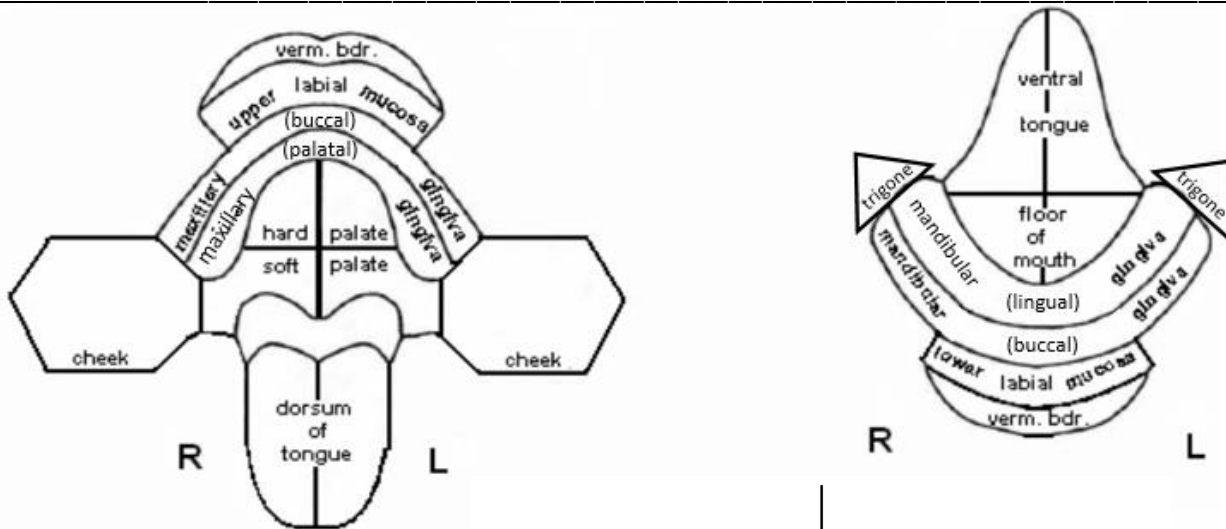
Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

**REASON FOR REFERRAL:**

- Oral mucosal lesion (evaluation +/- biopsy)
- Follow up of precancerous lesion or site of previous oral cancer
- Oral manifestation of systemic disease or medication reaction
- Dry mouth or other salivary gland disorder
- Temporomandibular disorder
- Orofacial pain
- Dental sleep medicine (oral appliances for obstructive sleep apnea)
- Consultation regarding dental management of medically compromised patient (including oncology and organ transplant patients)

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8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8