UNIVERSITY OF SASKATCHEWAN
College of Dentistry
USASK.CA/DENTISTRY

USask GPR OMOP Clinic
University of Saskatchewan
105 Wiggins Road
Saskatoon, SK, S7N 5E4
Phone: (306) 966-5056

University of Saskatchewan - College of Dentistry

General Practice Residency

Oral Medicine-Oral Pathology Clinic Referral Form

(Program Director: Dr. Amanda Gruza, DMD, FRCD(C))

Fax Referrals To: (306) 966-1795
(Radiographs/Clinical Images can be sent directly to omopclinic@usask.ca)

REFERRING DENTIST/PHYSICIAN/SPECIALIST:

Name: _____

Address: _____

_____

Phone:_____

Fax:_____

PATIENT INFORMATION:

Name:_____

Age:_____ Male/Female/Other_____

Address: _____

_____

Phone:_____

Cell:_____

Date of Birth:_____

PHN:_____

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PATIENT MEDICAL HISTORY:

Conditions:_____

_____

Medications:_____

_____

Allergies:_____

_____

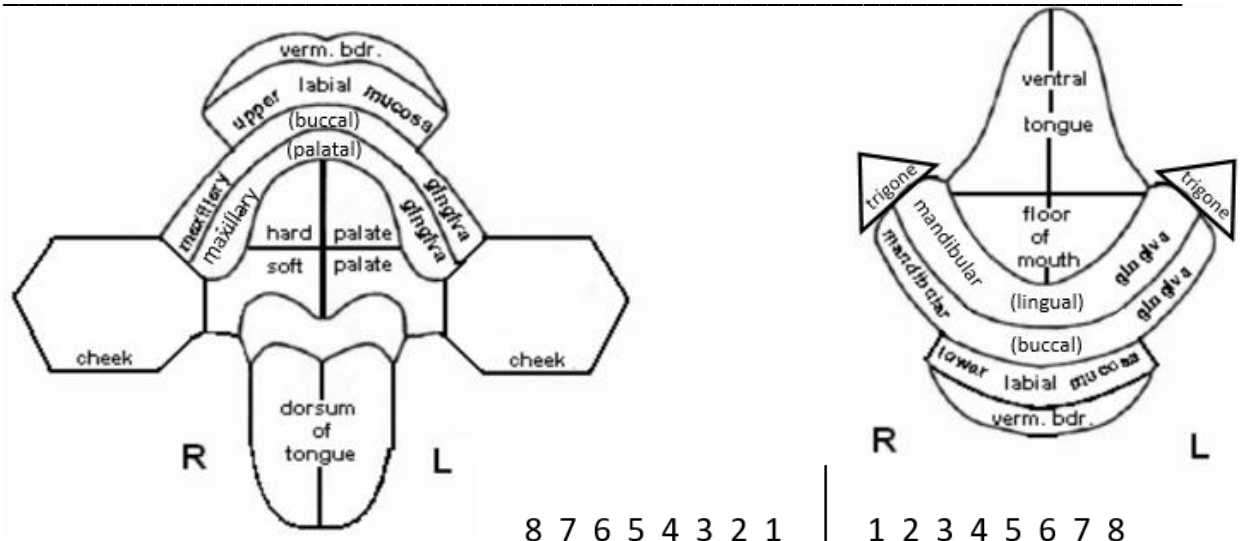
REASON FOR REFERRAL:

- ☐ 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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