VGH ORAL HEALTH CENTRE, Gordon & Leslie Diamond Health Care Centre
7th Floor, 2775 Laurel Street, Vancouver, B.C. V5Z 1M9
Telephone: 604-875-4006, Fax: 604-875-5493

VGH DENTISTRY REFERRAL FORM

PLEASE NOTE: The VGH Dental Clinic treats patients with serious medical problems making it unsafe for them to seek care in a community setting.

ALL REFERRAL INFORMATION MUST BE COMPLETED IN FULL. INCOMPLETE REFERRALS WILL BE RETURNED.

PLEASE ADVISE PATIENTS THAT **ALL** REFERRALS REQUIRE AN INITIAL CONSULTATION. TREATMENT MAY NOT BE PROVIDED AT THE FIRST VISIT. A FEE WILL BE CHARGED TO PATIENTS WHO FAIL TO PROVIDE AT LEAST 48 BUSINESS HOURS NOTICE OF CANCELLATION FOR A SCHEDULED APPOINTMENT.

PATIENT	**REFERRING PHYSICIAN OR DENTIST**
SURNAME :_____**FIRST NAME:**_____ **PHN:** _____ **BIRTHDATE:** ___**M**___**D**____**YR** **PHONE:** _____ **CELL:** _____ **ADDRESS: SUITE:**_____ **STREET:** _____ **CITY:** _____ **PROV:** _____**PC** _____	NAME: _____ ADDRESS: _____ _____ PHONE: _____FAX: _____ MSP PRACTITIONER # _____

Translation services required ___ yes ___ no (Please indicate language) _____

REASON FOR REFERRAL

_____
_____
_____

MEDICAL HISTORY

_____
_____
_____

CURRENT MEDICATIONS

_____
_____

ALLERGIES: _____

CONTACT PERSON FOR APPOINTMENT IF NOT THE PATIENT

SURNAME	FIRST NAME	PHONE

ACKNOWLEDGEMENT OF REFERRAL:

YOUR PATIENT'S VGH ORAL HEALTH CENTRE CONSULTATION IS SCHEDULED ON: _____

OUR FACILITY IS A FRAGRANCE FREE ZONE