



#100-265 Carling Ave.

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[F] 613 518 2146

www.DrJi.ca

referral@DrJi.ca

Introducing Patient/Caregiver:

Contact	D.O.B (M/D/Y)	Address
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Referred by Dr.

Contact	Date	Clinic
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Diagnosis/Findings

- | | |
|---|--|
| <input type="checkbox"/> Pediatric | <input type="checkbox"/> Ongoing future care |
| <input type="checkbox"/> Caries | <input type="checkbox"/> Unable to examine |
| <input type="checkbox"/> Pupal/Periapical | <input type="checkbox"/> Emergency |
| <input type="checkbox"/> Restorative | <input type="checkbox"/> Other |
| <input type="checkbox"/> Exodontia | |

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

Radiographs

- | | |
|------------------------------|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No/Unable |
|------------------------------|------------------------------------|

Comments