



MORGAN
CREEK
OMS

DR. HARINDER LOTAY

ORAL & MAXILLOFACIAL SURGERY

BSC., DDS, FADSA, FRCD(C)

MORGAN CREEK CORPORATE CENTRE

#208 - 15252 - 32ND AVENUE • SOUTH SURREY • B.C. • V3Z 0R7

PHONE: (604) 531-8339 • FAX: (604) 531-9636

EMAIL: LOTAYOMS@GMAIL.COM

Date: _____

Patient Name: _____

Address: _____

Phone: _____ M ☐ F ☐ DOB: _____

m d y

Primary Ins. Policy Holder Name: _____ DOB: _____

m d y

Primary Ins Co: _____ Policy #: _____ ID #: _____

Secondary Ins. Policy Holder Name: _____ DOB: _____

m d y

Secondary Ins Co: _____ Policy #: _____ ID #: _____

Medical Concerns:

Consultation Regarding:

☐ Extractions ☐ Implants Transitional denture arranged? Y ___ N ___

☐ TMJ ☐ Pathology ☐ CT scan ☐ Bone Graft ☐ Exposure

☐ Other (please specify): _____

Please indicate teeth to be removed with an X

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
48 47 46 45 44 43 42 41	31 32 33 34 35 36 37 38	85 84 83 82 81 71 72 73 74 75

☐ Routine ☐ Urgent

Radiographs: ☐ Emailed ☐ None

Referring Doctor: _____ Clinic Number: _____

Send more referral forms: ☐

PLEASE SEE REVERSE SIDE FOR LOCATION MAP ➡

MORGAN CREEK IMPLANT, ORAL & MAXILLOFACIAL SURGERY

NOTES:

