

YOUR CONSULTANTS

○ Dr. Adel Kauzman
Oral medicine specialist
Oral and maxillofacial
pathologist
(Montreal, Laval)

○ Dr. Benoît Lalonde
Oral medicine specialist
(Montreal, St-Hubert)

○ Dr. Gisele Mainville
Oral and maxillofacial
pathologist
(Montreal, St-Hubert)

○ Dr. Nathalie Rei
Oral medicine certificate
(3 clinics)

3 clinics to serve you

- Montreal**
Fax : 514 389-4134
cmb@specialistesmaxillo.com
- Laval**
Fax : 450 933-2586
info@prosthodontielaval.com
- Saint-Hubert**
Fax : 450 445-8255
info@specialistes-dentaires.ca

For more information, visit
our web site

consultantsmedecinebuccale.com

Date of request: _____

PATIENT INFORMATION

Last Name: _____ First Name: _____

DOB: DD/MM/YYYY Email: _____

Telephone 1: _____ Telephone 2: _____

CLINICIAN INFORMATION

Dr. _____

Location (city): _____ Telephone: _____

Do you prefer an email copy of the consultation letter? No Yes

If yes, please provide your email address: _____

REASON FOR CONSULTATION

- Premalignant/malignant lesion(s): Site(s): _____
- Soft tissue lesion(s):
 - Description: _____
 - Site: _____ Colour: _____
 - Pain: YES - NO
- Radiographic lesion(s):
 - Description: _____
- Persistent oral burning sensation
- Oral dryness
- Trigeminal neuralgia
- Persistent pain following endodontic or surgical treatment
- Persistent headache
- Muscular pain
- TMJ dysfunction Pain Limitation of movement Joint sounds
- Other reason: _____

Important instructions for the referring doctor:

- Please send your consultation request by FAX or by EMAIL to the clinic of your choice. The patient will be contacted directly. It is unnecessary to call the clinic to request an appointment.
- For patients with TMJ dysfunction or radiographic lesion(s), please provide us with a copy (digital or film) of all pertinent radiographs.
- Please ask the patient to bring an up-to-date list of his/her medications to the appointment (provided by the pharmacy).