

For lab use only:

Date de réception: J J / M M / A A

Numéro de cas: _____

ORAL PATHOLOGY BIOPSY SERVICE

Faculty of Dentistry

Pavillon Roger-Gaudry – Local A-209

2900 boul. Édouard-Montpetit, Montreal (QC) H3T 1J4

Telephone: 514-343-6081 Fax: 514-343-2233

Adel Kauzman, DMD MSc FRCD(c)

Gisele Mainville, DMD MSC FRCD(c) Dipl ABOMP

PATIENT INFORMATION

Last Name: _____ First name: _____

DOB: DD / MM / YYYY

Gender: M / F

Complete address: _____

RAMQ: _____

CLINICIAN INFORMATION

Full name: _____

General dentist Specialist _____

Complete office address : _____

Telephone: _____ Office email: _____

Check here for email copy of final pathology report

Copy of the report to be sent to : _____ DMD / MD

CHECK FOR ADDITIONAL SUPPLIES:

____ Biopsy kit(s)
(package of 3)

____ Michel's Solution (for direct immunofluorescence)
(individual quantity)

CLINICAL PRESENTATION

Please use diagrams

Site(s): _____

Size: _____

Clinical appearance:

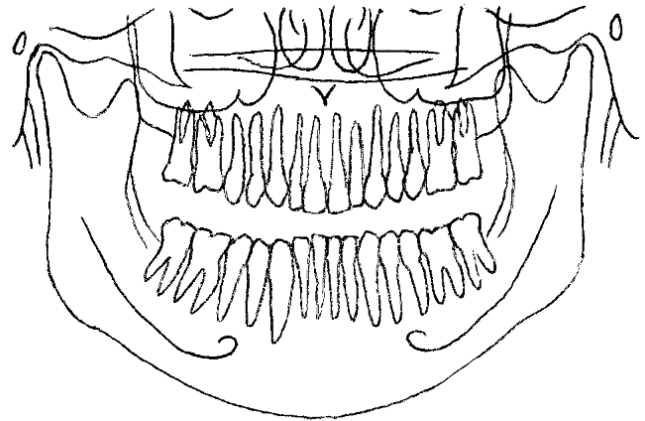
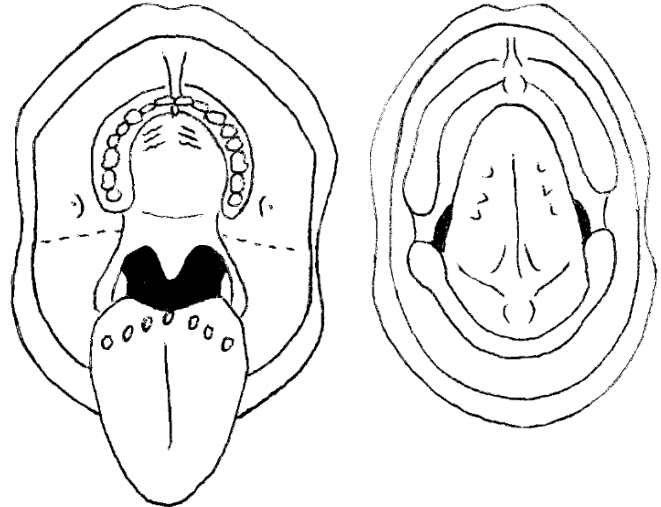
Radiographic findings, if applicable
(please include the radiograph):

Clinical & social history, tobacco, alcohol:

Pertinent medical history:

Operative findings:

Working diagnosis:



Biopsy: Incisional Excisional

Additional sent material(s):

Radiograph(s)

Clinical photo(s)

Check if return is requested

Previous UdeM biopsy(ies):

Case numbers: _____

Clinician's signature:

Biopsy date: DD/MM/YYYY

License number: _____