

YOUR CONSULTANTS

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- Dr Vincent Lavoie

To complete an online
 consultation form, 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 a digital copy 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).