

ORAL PATHOLOGY REFERRAL FORM Note: We will contact the referring doctor with the scheduled appointment

**REFERRAL INFORMATION**

Referral Date: \_\_\_\_\_ Referred By:  DENTIST  MD OHIP Ref # \_\_\_\_\_  
 YYYY / MM / DD

Referral Name:	Tel #
Email:	Fax :

Referral Address (full address required)

**PATIENT INFORMATION**

Patient's Name: \_\_\_\_\_

Date of Birth: (YYYY / MM / DD) \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

**Please check off preferred contact**  
 Tel:(Home)  (Work)  (Cell)

Health Card Number (OHIP #) \_\_\_\_\_ Version Code: \_\_\_\_\_

**INFORMATION MUST BE COMPLETED IN FULL – PRINT CLEARLY**

Urgency of care:  Urgent  Routine  **Recent Results Attached** (eg. Biopsy/Radiology/Specialist reports)

**Dental X-rays:** Digital xrays (Printed NOT accepted)  Sent on USB  Email (call 416-586-5198 for instructions).

**Non-Digital X-rays:**  NO X-rays  Sent with Patient  **Photos** (Do not Fax – to email call 416-586-5198)

**Reason for Referral:**

**Type of Lesion:**  Ulcer  Swelling  Red area  White area  Pain  Other

Location of Lesion: \_\_\_\_\_ Duration: \_\_\_\_\_ Size: \_\_\_\_\_

**Medical History:**

**Current Medications:**

Is Patient on Anticoagulants: YES NO Name of Anticoagulant: \_\_\_\_\_

**Other Comments:**

**Please:** • Fax this referral form to **416-586-4745** • Call the office for email information to transfer images  
 • **Please inform our office if an interpreter is required.**

**Oral Pathology Office to complete:** Scheduled with: \_\_\_\_\_

Appointment Date/Time: \_\_\_\_\_ Faxed to Referral: \_\_\_\_\_

## APPOINTMENT FOR ORAL PATHOLOGY:

- Our practice is located within the Department of Dentistry at Mount Sinai Hospital, a University of Toronto teaching hospital.
- Bring your Ontario Health Insurance Plan (OHIP) Card. Ensure that it has not expired, or you will be responsible for payment of the appointment.
- All patients who are seen in the hospital must obtain a hospital card prior to appointments. If you do not have a card, please go to “Patient Registration” located on the main floor of the hospital next to the Murray Street entrance. Please arrive at least 45 minutes before your appointment in order to obtain a hospital card.
- Bring your hospital card to the Dental Department, Suite 412 (take the escalator to the 4th floor, Mezzanine Level — and turn right). You must arrive at least 15 minutes before your appointment. Please inform our reception staff once you have arrived.

## ADDITIONAL INFORMATION

- The consultation fee for an Oral Pathologist is covered by OHIP however Dental X-rays are not.
- A dental insurance form will be completed for you however, please be aware that we do not accept assignment. This simply means that all fees are due, in full, by the patient or guardian at the time service is provided and your insurance cheque will go directly to you, not this office.
- Fees may be paid by cash, VISA, MasterCard or Interac. We do not accept personal cheques.
- Please be aware that we require at least 72 business hours notice of cancellation otherwise a cancellation fee may apply

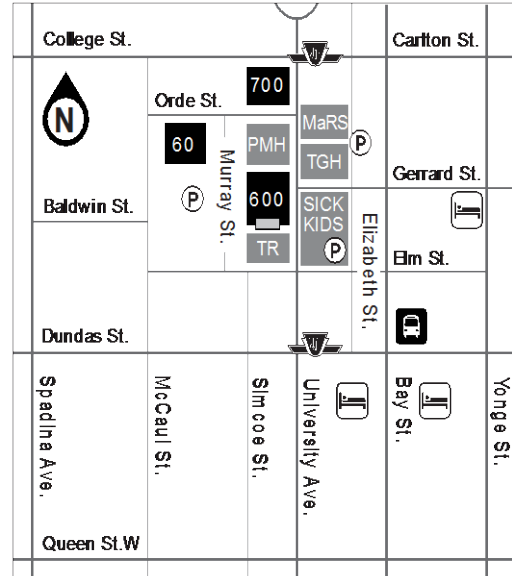
## THINGS TO BRING FOR YOUR CONSULTATION:

- Your Ontario Health Insurance (OHIP) Card
- Information about your medical health
- Medications your are currently taking
- If xrays are needed for the consultation(eg. For teeth or bone problems)

**For analog/non-digital Xrays:** the patient may bring these or they may be mailed to our office

### For Digital Xrays:

1. Paper printout of xrays are not accepted.
2. Dentist may be send via secure email with patients permission. The dental office must contact our office.
3. Place on a usb and give to the patient to bring to the appointment



- TTC subway/ streetcar access
- Parking
- Elizabeth Street Bus Terminal
- Hotel
- GO Transit and other carriers; Union Station is on Front Street
- Emergency Department Entrance

Sinai Health System  
Mount Sinai Hospital, Joseph & Wolf Lebovic Health Complex

**600** 600 University Avenue  
Emergency Department Entrance 24-hour Access

**700** 700 University Avenue

**60** 60 Murray Street

Department of Dentistry  
Mount Sinai Hospital,  
Joseph & Wolf Lebovic Health Complex  
412–600 University Avenue  
Toronto, Ontario M5G 1X5  
T 416-586-4800  
mountsinai.ca

## Location

- Mount Sinai Hospital is located on the University Subway line easily accessed from Queen’s Park or St. Patrick Station.
- Parking is located behind the hospital on Murray Street.