Baycrest

BAYCREST HOSPITAL – DEPARTMENT OF DENTISTRY – ALPHA OMEGA DENTAL CENTRE

OUTPATIENT REFERRAL FORM

3560 Bathurst Street, Toronto, ON M6A 2E1
Tel: 416-785-2500 ext. 2600
Fax: 416-785-2858
Email: dental@baycrest.org

☐ Alpha Omega Referral

DATE:

PATIENT INFORMATION

Last Name	First Name
Address	
Postal Code	Date of Birth (MM/DD/YYYY) / Gender M☐ F☐
Home Number: ☐ no home phone	Cell Number: ☐ no cell phone
Email Address: ☐ no email	

Mobility information: ☐ Ambulates without assistance
☐ Uses wheelchair (**can** transfer to dental chair) ☐ Uses wheelchair (**cannot** transfer to dental chair)

CONTACT INFORMATION (if not same as above)

Name	Contact number	Relationship to Patient / Power of Attorney Yes ☐ No ☐

REFERRING CLINICIAN

Clinician Name ☐ DDS ☐ MD ☐ RN	Clinic Phone Number
Clinic Address	Clinic Fax Number / Clinic Email

REASON FOR REFERRAL

Client's chief concern:

☐Specific treatment requested (specify)	☐Provide comprehensive care (specify)
Patient will return to referring dentist for continued care.	

Radiographs taken: ☐ No ☐ Yes If no, please provide reason:	Date taken: ☐ Digital images sent	☐ PAs ☐ BWs ☐ PAN *If Digital radiographs were not taken, please have patient bring copies of analog radiographs to Baycrest appointment.*

MEDICAL INFORMATION

Medical History:	Medications/injections: *pharmacy-generated list.*

Baycrest

BAYCREST HOSPITAL – DEPARTMENT OF DENTISTRY – ALPHA OMEGA DENTAL CENTRE

OUTPATIENT REFERRAL FORM

3560 Bathurst Street, Toronto, ON M6A 2E1
Tel: 416-785-2500 ext. 2600
Fax: 416-785-2858
Email: dental@baycrest.org

For patients with **dementia**, **Alzheimer's** or any condition affecting cooperativity, comment on ability to tolerate previous dental appointment(s) or procedures:	For **osteoporosis** patients: - If patient takes **bisphosphonates** (e.g., alendronate/Fosamax/Fosavance, risedronate/Actonel), how many years has the patient been taking them?
For patients with **diabetes**: - Does the patient get HbA1c checked? ☐ No ☐ Yes - What was the latest HbA1c value? - When was it last checked?	- If patient receives **injections of denosumab/Prolia,** when was the last injection?
Other Comments:	

Note: referral must be typed. Incomplete or hand-written referrals will be returned.