Department of Dental Oncology and Maxillofacial Prosthetics
University Health Network – Princess Margaret Cancer Centre
610 University Avenue, Room 2-933, Toronto, ON M5G 2M9
Tel: (416) 946-2198 | Fax: (416) 946-6576
pmdentistry@uhn.ca

High-Risk Oral Lesion (HROL) Clinic

Referring clinicians will be contacted with the scheduled appointment
Form must be filled out in its entirety to facilitate consultation booking

PATIENT INFORMATION

Patients Name: LAST, FIRST	Title:	Date of Birth: (mm/dd/yyyy)
Health Card Number:	Version Code:	Language:
Street Address:		
City:	Province:	Postal Code:
Home Phone:	Work Phone:	
Alternate Contact:	Relationship:	Phone:

REFERRING CLINICIAN INFORMATION

Referring Physician:	CPSO #:	Phone:
Referring Dentist:	RCDSO #:	Fax:
Referring Clinician Address:		

CLINICAL INFORMATION

Request: ☐ Urgent ☐ Routine
Reason for Referral (location, duration):
Medical History:
Medications:

All previous digital radiographs and photographs **must** be emailed to: marijun.lopez@uhn.ca
Printed/faxed x-rays will **not** be accepted. Please send duplicate films with patient.