



# Central Alberta Maxillofacial Centre

Suite 215 - 5201 - 43 Street, Red Deer, AB T4N 1C7  
Ph: 403-347-4440 or 1-800-662-7175  
Fx: 403-341-3599 e-mail: reception@camfc.ca

Dr. Hajjaj Al Hajjaj & Dr. Fahd Alrowily

DATE \_\_\_\_\_

PATIENT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ HOME \_\_\_\_\_

OTHER \_\_\_\_\_

### REASON FOR REFERRAL:

SURGICAL REMOVAL OF TEETH

DENTAL IMPLANTS:

PATHOLOGY

STRAUMANN

CBCT SCAN

THOMMEN

NOBEL BIO-CARE

OTHER \_\_\_\_\_

55 54 53 52 51      61 62 63 64 65

85 84 83 82 81      71 72 73 74 75

18 17 16 15 14 13 12 11      21 22 23 24 25 26 27 28

48 47 46 45 44 43 42 41      31 32 33 34 35 36 37 38

**\*\*\* Please circle teeth to be extracted \*\*\***

Panoramic X-Ray:  None     With Patient     Mailed     E-Mailed

REFERRED BY DR. \_\_\_\_\_ PRAC. ID # \_\_\_\_\_

Mail report to: \_\_\_\_\_

APPOINTMENT DATE \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

PLEASE SEE REVERSE SIDE FOR LOCATION AND PARKING INFORMATION

[www.reddeeroralsurgery.com](http://www.reddeeroralsurgery.com)

**PLEASE BRING THIS SHEET WITH YOU ON THE DAY OF YOUR APPOINTMENT**

1. Minors under 18 years must have a parent or guardian present or written consent from them at the time of surgery.
2. If you have insurance, be sure to bring an insurance form with you to our office.
3. Any questions? Please call us at 347-4440.

Parking is free for your convenience.

