



Medicine Hat
Oral Surgery and
Pediatric Dentistry

☐ **Dr. James Lipon**
DDS, FRCD(C)
Pediatric Dentist

☐ **Dr. Abe Khaleghi**
Bsc, DMD, OMFS, ABOMS
Oral Surgeon

☐ **Dr. Ali Arsalan**
DDS, MSD, FRCD(C)
Pediatric Dentist

☐ Send more referral pads please

Patient Information

Today's Date:

Patient Name:

Date of Birth:

Age:

Gender: M/F

Parent/Guardian Name:

Contact Home Address:

City/Province:

Postal Code:

Contact Telephone:

Alternative Telephone:

Permission to text: Yes/No

Contact E-mail Address:

Referring Doctor Information

Referred By:

Telephone:

Office Name:

E-mail Address:

● Pediatric | Oral Surgery ●

Please list all Caries/extractions/reason for referral:

Radiographs

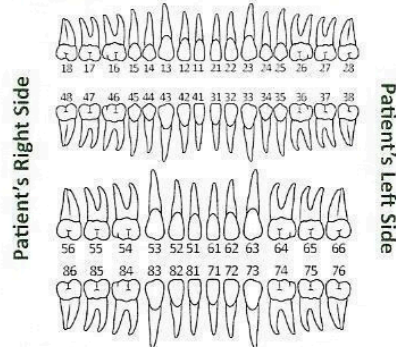
X-Rays have been:

E-mailed

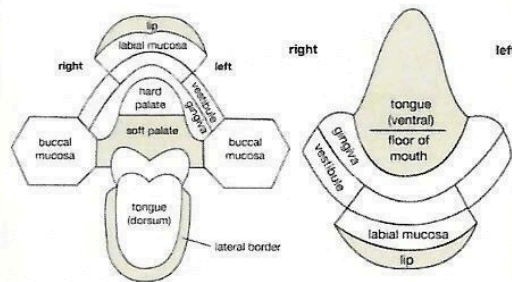
Not Yet Taken

If X-rays are attached,
what date were they taken? _____

Odontogram: Place an "X" through teeth to be removed



Pathology: Place an "X" on the area of concern



Additional Information:

Insurance Information / Additional Comments

☐ Private Insurance
☐ Jordan's Principle
☐ No Insurance

☐ ADSC
☐ NIHB

☐ Other (explain) _____

Company:

Policy Holder:

Date of Birth:

Group/Plan #:

Certificate #:

☐ This patient has secondary insurance



#101, 7 Strachan Bay SE
Medicine Hat, AB T1B 4Y2



587-289-2200
587-760-0267

info@medhatomspeds.ca