



7322 Highway 1  
Coldbrook, NS B4R 1B9  
902-681-9111

Dr. Mubarak Alrafidi, BSc DDS  
Dr. Scott Schofield, BSc DDS

## Fundy Dental Centre – Referral Form

**Date of Referral** (DD-MM-YEAR): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Referring Dentist Info:**

Name: \_\_\_\_\_  
Office: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

**Referral To:**

- First Available Dentist**
- Dr. Scott Schofield
- Dr. Mubarak Alrafidi
- Other:* \_\_\_\_\_

**PATIENT INFORMATION**

Name: \_\_\_\_\_ Birth Date (DD-MM-YEAR): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ Health Card # \_\_\_\_\_  
Town: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Ph: (\_\_\_\_) \_\_\_\_\_ Cell Ph: (\_\_\_\_) \_\_\_\_\_

Internal Referral – see attached patient visit form

**DENTAL COVERAGE**

- Dental Coverage under government assistance? (*circle*) Social Assistance | Disability | MSI | NIHB | VA | CDCP
- Dental Insurance? Yes | No Secondary Ins.: Yes | No (*Our office will confirm details with the patient.*)

**RELEVANT MEDICAL HISTORY**

- Conditions: \_\_\_\_\_
- Medications: \_\_\_\_\_
- Allergies: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

BMI = \_\_\_\_\_

**RADIOGRAPHS**

**Attached:**  CBCT  PAN  PA(s)  BW(s)

**Taken** (DD-MM-YEAR): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Sent by:**  Hard Copy  Emailed  Uploaded - DS Core

No images sent. Please take images.

**REASON FOR REFERRAL**

- Treatment
- Emergency (ASAP)
- Extraction
- Implant
- CBCT Only
- Consultation
- IV or N2O2 Sedation
- Restorative/Endo
- Pedo
- Other: \_\_\_\_\_

**Treatment Plan/Additional Notes:**

### [ OFFICE USE ONLY ]

- Referral Tx approved w/ Dentist
- Patient Created in Dentrix
- Ref Imported
- X-rays Imported

Attempted Contact: (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_ (3<sup>rd</sup>) \_\_\_\_\_ (4<sup>th</sup>) \_\_\_\_\_

**Patient Booked:** \_\_\_\_\_ @ \_\_\_\_\_ : \_\_\_\_\_ am / pm