

Limited Treatment Referral Form – Dalhousie Dentistry Undergrad Clinic

<i>Patient</i>	
<i>Name:</i>	<i>Date of Birth:</i>
<i>Telephone: (h)</i> <i>(c)</i>	<i>Health Card #:</i>
<i>Address:</i>	
<i>Referring Dentist</i>	
<i>Name:</i>	<i>Email:</i>
<i>Telephone:</i> <i>Fax:</i>	<i>Signature:</i>

Reason for referral (MUST include tooth/site, history of tooth/site and treatment you are expecting us to provide). We can only provide treatment that you explicitly detail:

Relevant medical (if on medication(s), MUST be listed), dental and social history:

In order for referrals to be accepted, the following criteria MUST be met:

- could be managed by a general dentist in both treatment and behavior
- patient is otherwise in good periodontal and dental health or has a treatment plan outside of Dalhousie for their dental needs
- patient is medically stable
- appropriate radiographs of the area of concern are included (ie. BW and PA for crown)
- patient is made aware by you that this is a teaching facility, and that appointments and timelines are longer than what they'd expect in private practice

The Dalhousie Dentistry Undergrad Clinic DOES NOT:

- provide endodontic retreatments or apical surgeries
- provide sedation of any kind
- restore implants that were placed elsewhere
- restore full arch fixed implant prostheses

******Please note that this is for LIMITED treatment ONLY******

If a patient needs comprehensive dental care, they MUST call (902) 494-2101 ext. 0 to be placed on our screening list. The process from screening to acceptance to assignment to an undergraduate dental student can take up to 6-12 months

Please send radiographs via fax (902) 494-3181 or email radiology.dentistry@dal.ca