

LHSC DENTAL DEPARTMENT

Please indicate which site you are referring to:

 Victoria Hospital

800 Commissioners Rd East, Room E1-637

London ON, N6A 5W9

P# 519-685-8263

F# 519-685-8288

E-mail: victoriahospitaldentalclinic@lhsc.on.ca University Hospital

339 Windermere Rd, Room B3-300

London ON, N6A 5A5

P# 519-663-3451

F# 519-663-3004

E-mail: universityhospitaldentalclinic@lhsc.on.ca****All fields MUST be completed to better assist your patient****

Referring DDS/MD: _____

Address: _____

Phone #: _____ Fax #: _____

Email: _____

Patient's Legal Name: _____

Address: _____

D.O.B: _____ Health Card # and Version Code: _____

E-mail: _____ Phone #: _____

Reason for Consult: _____

X-rays Sent? Yes NoE-mailed/Mailed? Yes No

Medical Concerns: _____

Patients FDDS: _____

Patients MD: _____ Contact #: _____

Insurance? Yes No

Policy Holders Name: _____

D.O.B: _____

Insurance Company: _____

Policy#: _____ Certificate #: _____

Patient's relationship to subscriber: _____