

**Dr. Jeffrey Lovell BSc, DDS, MD, MSc, FRCDC**  
Oral & Maxillofacial Surgeon

Referring Dr:		Date:
Address:		Postal Code:
Phone:	Fax:	E-mail:

Patient Legal First Name:		Last Name:
Date of Birth:		OHIP# & Version Code:
Address:		City:
Postal Code:	E-mail:	
Phone:	Cell:	Work:
MD:	DDS:	

**Reason for Consult:**

- |   |   |
|---|---|
| <input type="checkbox"/> Orthognathic Surgery     | <input type="checkbox"/> Implant Surgery        |
| <input type="checkbox"/> Cleft lip/palate Surgery | <input type="checkbox"/> Reconstructive Surgery |
| <input type="checkbox"/> Obstructive Sleep Apnea  | <input type="checkbox"/> Pre-prosthetic Surgery |
| <input type="checkbox"/> Wisdom teeth/Exodontia   | <input type="checkbox"/> TMJ Dysfunction        |
| <input type="checkbox"/> Facial Trauma            | <input type="checkbox"/> Pathology              |
| <input type="checkbox"/> Other                    |   |

**Clinical Problem:**

- Complex Medical History?       No       Yes  
 Previous Patient?                 No       Yes  
 X-rays/CBCT?    No       Yes       In mail       E-mail       With patient  
 Insurance?    No       Yes       Private       Government

Policy Holder Name:	Policy Holder D.O.B.:
Policy #:	Certificate #:
Insurance Company:	Patient relationship to subscriber:

## Which site?

University Hospital  
Oral & Maxillofacial Surgery  
Room B3-300  
London Health Sciences Centre  
339 Windermere Road  
London, Ontario N6A 5A5  
Telephone: 519-663-3451  
Fax: 519-663-3004  
Email:  
[universityhospitaldentalclinic@lhsc.on.ca](mailto:universityhospitaldentalclinic@lhsc.on.ca)

Victoria Hospital  
Oral & Maxillofacial Surgery  
Room E1-637  
London Health Sciences Centre  
800 Commissioners Road East  
London, Ontario N6A 5W9  
Telephone: 519-685-8263  
Fax: 519-685-8288  
Email:  
[victoriahospitaldentalclinic@lhsc.on.ca](mailto:victoriahospitaldentalclinic@lhsc.on.ca)