

**DR. DENIS NAGY INC.**  
**REQUEST FOR ORAL SURGERY CONSULTATION**

Oral and Maxillofacial Surgeon

Jubilee Professional Building

**DENIS NAGY, B.Sc., M.Sc., D.D.S., M.D., F.R.C.D.(C)**

Suite 302 ~ 1830 Oak Bay Avenue, Victoria BC, V8R 6R2

Telephone : 250-598-5643

Email : [drnagy@shaw.ca](mailto:drnagy@shaw.ca)

*email / fax / mail / phone in referrals accepted ~*

Fax : 250-598-4013

Website : [www.drnagy.ca](http://www.drnagy.ca)

*Thank you for your referral*

• **REFERRING DOCTOR :**

• **DATE OF REFERRAL**

Practice Name AND Location :

**PATIENT INFORMATION**

please check : Mr. Mrs. Ms. Master Miss

**Patient Date of Birth**

**Name**

(first) (middle) (last)

**Guardian:**

**Address**

(street) (city/prov) (postal code)

**Phone / email**

(home) (cellular) (work / alternate)

**INSURANCE INFORMATION (include dual coverage)**

Patient Email (if possible) :

**1ST Carrier**

Insured Name

Insured Birthdate

Employer

Group No.

I.D. No.

Dependant No.

% of Coverage

**2ND Carrier**

Insured Name

Insured Birthdate

Employer

Group No.

I.D. No.

Dependant No.

% of Coverage

**REASON FOR REFERRAL**

X-Rays Enclosed / sending

No X-Rays available

Wisdom Teeth Extraction

Take X-Ray :

Panorex

Duplicate X-Ray for DDS

Extraction of Teeth

3D imaging

Dental Implants

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
			55	54	53	52	51	61	62	63	64	65			
			85	84	83	82	81	71	72	73	74	75			

Pathology

Bone Grafting

Preprosthetic surgery

**Other (please comment)**

**\*\*Infection Control Precautions** YES NO Specify:

**COMMENTS and ADDITIONAL INFORMATION**