



The Princess Margaret
Hospital Foundation
University Health Network

PMH Mouth Screening Clinic Referral Form

Dental Clinic - Room 2-931 (2nd floor)
Princess Margaret Hospital, 610 University Ave
Toronto, Ontario, M5G 2M9
Phone: 416-946-2198 Fax: 416-946-6576

- complete the info below in full (incomplete info will result in delay of appointment)
- mail to address above or fax to the above number
- call the PMH dental clinic if they have not called your office within one week

Date _____

Patient last name _____ First name _____

Full address _____ Postal code _____

Daytime phone # _____ Home phone # _____

Date of birth _____ OHIP number _____

Referring Dentist/Physician _____ DDS MD _____

Full address _____

Postal code _____

Phone# _____ Fax # _____

Email address (optional) _____

Reason for referral _____

Type of lesion: ulcer polyp mass red area white area other _____

Location _____ Duration _____

Size _____

Medical history _____

- If radiographs have been taken of the area, please send the radiographs with the patient.

For PMH office use: received _____ Office called _____

Appt date and time _____ MRN _____