



# MAHOGANY

ORAL & MAXILLOFACIAL SURGERY

350 - 7 Mahogany Plaza SE  
Calgary, Alberta T3M 2P8

**SIMON TOUCHAN** DMD, MD, FRCD(C)  
**GRAHAM COBB** DDS, MD, MSc, FRCD(C)  
**MILLER SMITH** DDS, MD, FRCD(C), FACS

T: 403-930-8189  
F: 403-930-8196  
E: [info@mahoganyoralsurgery.com](mailto:info@mahoganyoralsurgery.com)  
[www.mahoganyoralsurgery.com](http://www.mahoganyoralsurgery.com)

It is a pleasure to introduce our patient:

Name: \_\_\_\_\_

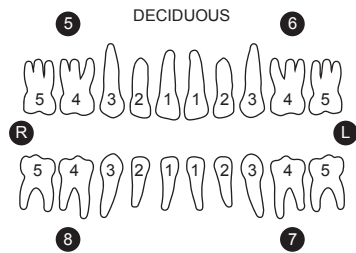
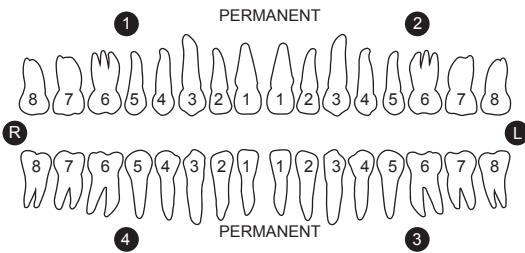
Parent(s) Name (if applicable): \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

Referral for:

Extraction (select teeth to be extracted):



Bone Grafting

TMJ

Oral Pathology / Biopsy

Orthognathic Surgery

Implant

Other

Other Procedures/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Radiographs with patient

Patient to contact your office

Radiographs mailed via Canada Post

Please contact patient

Radiographs emailed to

Please send additional referral pads

[info@mahoganyoralsurgery.com](mailto:info@mahoganyoralsurgery.com)

Print Referring Doctor's Name

Office Name

Office Phone Number

A comprehensive report will be provided on all referrals. All radiographs and enclosures will be returned upon case completion.