

# COVID-19 Patient Referral Form

UPDATED APRIL 16, 2020



PROVINCIAL DENTAL BOARD  
OF NOVA SCOTIA

Patient Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ DOB (yyyy/mm/dd): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Provincial Health Card#: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Health Card Province: \_\_\_\_\_

**Have you contacted the patient to determine that this is a true emergency?**

*(Emergency defined in the latest version of the PDBNS COVID-19 Dental Emergency Protocol)*

Yes       No

**IF YES, provide details including *tooth number(s)* using FDI numbering, *any treatment* you have provided, and any other *relevant dental history*:**

**Relevant medical history:**

*(Please provide up to date medical history, including medications and allergies.)*

**\*\*\* IF YOU HAVE RECENT RADIOGRAPHS PLEASE FORWARD THEM ALONG WITH THE REFERRAL \*\*\***

**REFERRING DENTIST INFORMATION:**

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

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ -OR- Other Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**Referrals should be made to the most appropriate clinic listed below:**

*(These clinics satisfy the best practices document created by Dalhousie University)*

**Dal GPR**

Fax: .....902-494-7803

Email: [dalgpr@dal.ca](mailto:dalgpr@dal.ca)

Tel: .....902-494-4863

**VG OMFS**

Fax: .....902-473-6855

Email: [OMFSbooking@nshealth.ca](mailto:OMFSbooking@nshealth.ca)

Tel: .....902-473-2222

**IWK**

Tel: .....902-470-8888

**Other Clinics**

Please see [www.PDBNS.ca](http://www.PDBNS.ca)  
for a list of approved clinics

**\*\*\* PLEASE FAX or EMAIL FORM & FOLLOW UP WITH A PHONE CALL TO THE APPROPRIATE CLINIC \*\*\***