



WINNIPEG  
**OROFACIAL HEALTH**  
CENTRE

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orofacialhealth.ca

**Dr. Mohamad Kadhim, BSc, DDS, FRCD(C)**  
Certified Specialist in Oral Medicine and Maxillofacial Pathology

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

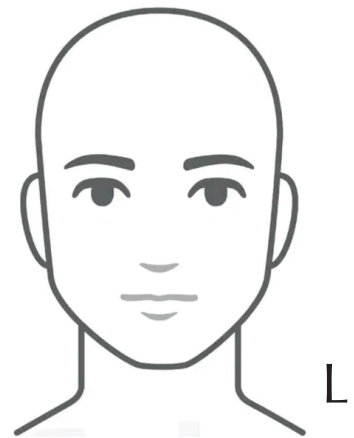
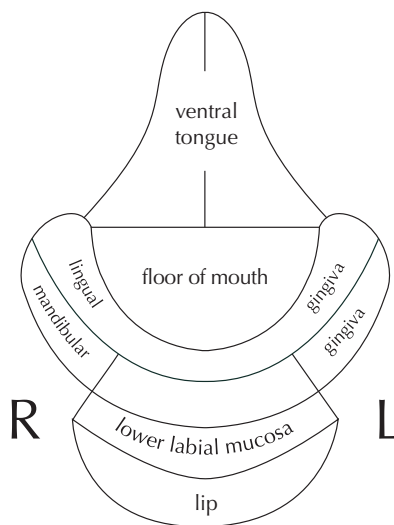
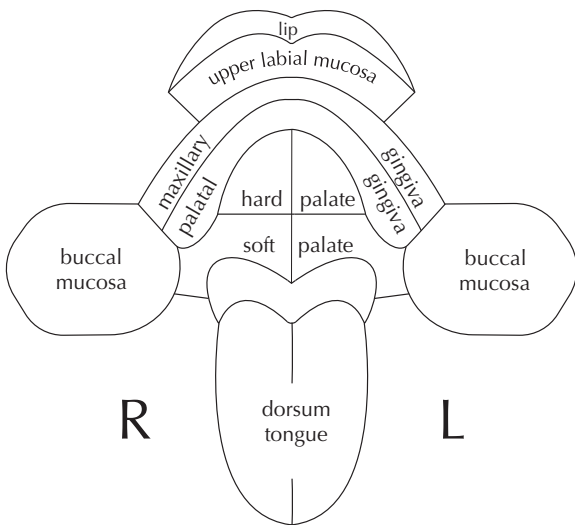
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient's Insurance Info: \_\_\_\_\_

Referring Clinician: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic's Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Reason for referral:



- Oral mucosal and pathological disease (including biopsy)
- Oral (pre-) cancer screening & management
- Oral manifestation of systemic disease or medication reaction
- Dry mouth or other salivary gland disorders
- Oral manifestation of dermatological disease

- Temporomandibular disorder (TMD) (appliances and injections)
- Orofacial pain management
- Headaches and Migraines
- Oral health management of medically complex patients (including oncology & organ transplant patients)

Clinician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax this referral form to 204-800-3030 or email to: info@orofacialhealth.ca