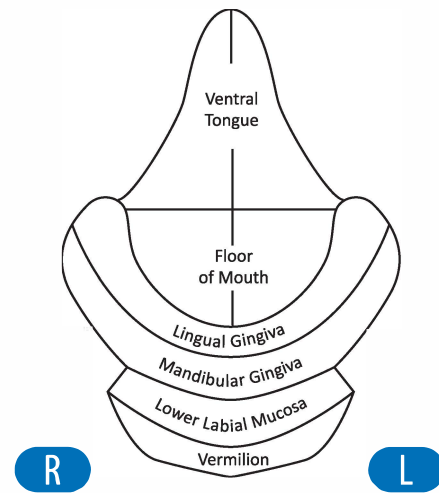
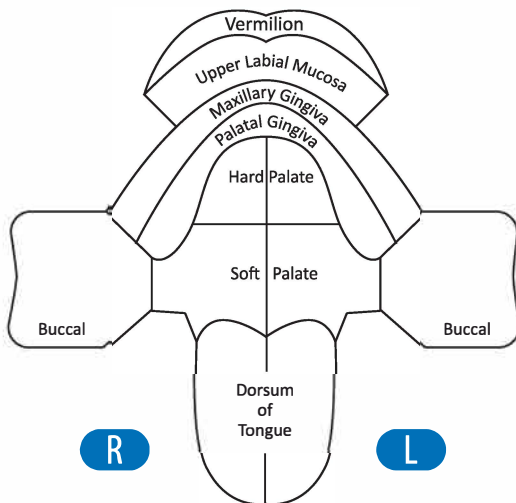


Tel: 250 590 5932 / 604 336 7411 **Fax:** 604 336 7412

Website: blissoralwellness.ca **Email:** oralmedicinevictoria@blissoralwellness.ca

Patient's name: _____ **D.O.B** _____

Tel: _____ **Email:** _____



- Oral Lumps and Bumps
- Orofacial pain
- TMJ pathology
- Dryness of mouth/Drooling
- Others

- Ulcers, Red/ White/Pigmented- patch
- Burning mouth syndrome
- Oral Cancer/Pre-cancer
- Taste changes/Halitosis

Notes: _____

Referring Doctor: _____ **Date:** _____

Tel: _____ **Fax/Email:** _____