

DR. BERTRAND CHAN INC.

BERTRAND CHAN MBBS BDS MSc(Oral Medicine) FRCD(C)

CERTIFIED SPECIALIST IN ORAL MEDICINE FELLOW OF THE ROYAL COLLEGE OF DENTISTS OF CANADA

DATE: _____

INTRODUCING: _____

ADDRESS/ EMAIL: _____

DAY/BUSINESS PHONE: _____ HOME PHONE: _____

REASON FOR REFERRAL:

☐ ORAL MUCOSAL CONDITION:

☐ OROFACIAL PAIN CONDITION:

☐ OTHER CONDITION/REASON:

BRIEF HISTORY

REFERRING DOCTOR: _____

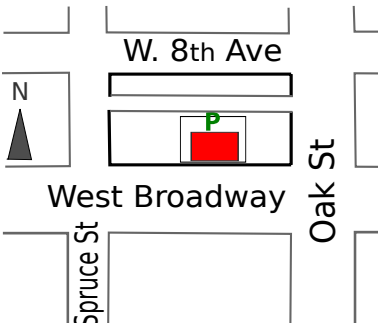
ADDRESS: _____

PHONE: _____

Prefer Location: (please select)

VANCOUVER ☐

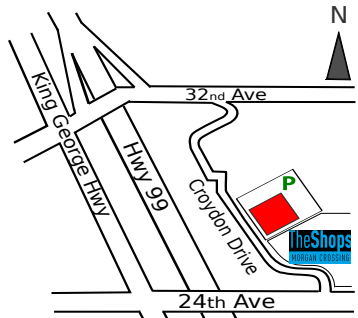
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