

# ORAL & MAXILLOFACIAL SURGERY REFERRAL FORM



To: Dental Officer / Specialist  
 Department of Oral Maxillofacial Surgery  
 Hospital Shah Alam  
 03-5526 3289


Spoken to:  
 TRIAGING.  URGENT .....  
 NON-URGENT.....

(Please state appointment date & time given)  
1/9/2023 ~~8:00 pagi~~ 2:00 pm

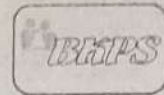
PATIENT'S DETAILS			
NAME	SITI NUR ALIYAH BINTI KMAIL	AGE	24
I.C. NO.	991115-01-6708	GENDER	FEMALE
CONTACT NO.	014-3502546	RACE	MALAY

REFERRER DETAILS			
NAME		DATE	22/6/2023
PRACTICE NAME	DR. AMIRAH HAZIYAH BT MOHD ROSNI PEGAWAI PERGIGIAN UG41 NO MDC: 12976	CONTACT NUMBER	03-7804 6913

MEDICAL & DENTAL HISTORY			
COMORBIDITIES	NKMI	MEDICATIONS	NIL
SURGICAL/HOSPITAL ADMISSION HISTORY	NIL	DENTAL HISTORY	Regular dental attendee
ALLERGIES	NKDA	SOCIAL & FAMILY HISTORY	NIL
HABITS If yes, please mention onset, frequency, etc.	SMOKING /SECOND HAND/ VAPE	YES	<input type="radio"/> NO
	ALCOHOL INTAKE	YES	<input type="radio"/> NO
	BETEL QUID	YES	<input type="radio"/> NO
	OTHERS	YES	<input type="radio"/> NO

HISTORY & FINDINGS			
PATIENT'S COMPLAINT & HISTORY OF ILLNESS	Patient <del>preva</del> was referred from Dentalyst Dental Clinic for management of impacted 15 p25 prior to orthodontic treatment. Patient has missing 15, 24 p25, but with mild lower anterior crowding.		
GENERAL CONDITION	well, alert	VITAL SIGNS	BP: 101/76 HR: 98 PAIN SCORE: 0
CLINICAL EXAMINATION (EXTRAORAL)	 <p>                     SYMMETRICAL FACE: <input checked="" type="radio"/> YES / <input type="radio"/> NO                      PALPABLE CERVICAL LYMPH NODE: YES / <input checked="" type="radio"/> NO                      TMJ: <u>Normal</u> </p>		

# ORAL & MAXILLOFACIAL SURGERY REFERRAL FORM



<p>CLINICAL EXAMINATION (INTRAORAL)</p>	<p>TEETH: <i>missing 15, 24, 25</i></p>		
<p>INVESTIGATIONS</p>	<p><i>CBCI (attached with referral letter by Dentalyrt) showed impacted 15 and 25.</i></p>		
<p>PROVISIONAL DIAGNOSIS</p>	<p><i>Impacted 15 and 25</i></p>		
<p>CATEGORY</p>	<p>IMPACTED WISDOM TOOTH</p>	<p>ORAL CANCER</p>	<p>TRAUMA</p>
	<p>SURGICAL REMOVAL OF TEETH/ ROOT</p>	<p>ORAL POTENTIALLY MALIGNANT DISORDERS</p>	<p>DENTO-FACIAL DEFORMITY</p>
	<p>PRE-PROSTHETIC SURGERY</p>	<p>SOFT TISSUE PATHOLOGY</p>	<p>CLEFT LIP &amp; PALATE</p>
	<p>DENTAL IMPLANT &amp; BONE GRAFTING</p>	<p>CYST/ TUMOR OF JAW</p>	<p>OROFACIAL INFECTION</p>
	<p>TEMPOROMANDIBULAR JOINT DISORDER / OROFACIAL PAIN</p>	<p>SALIVARY GLAND DISEASE</p>	<p>OTHERS, please specify <i>Impacted tooth 15 &amp; 25</i> ✓</p>
<p>TREATMENT DONE</p>	<p><i>clip done. OHZ reinforced.</i></p>		
<p>PURPOSE OF REFERRAL</p>	<p><i>For management of <sup>impacted</sup> 15 and 25 prior to orthodontic treatment. surgical exposure of impacted 25 with gold chain retraction - or planned by the Dentalyrt dentist.</i></p>		
<p>NAME</p>	<p><i>Amirah</i></p>	<p>DATE</p>	<p><i>22/6/2023</i></p>
<p>SIGNATURE &amp; STAMP</p>	<p>DR. AMIRAH HAZIYAH BT MOHD ROSNI PEGAWAI PERGIGIAN UG41 NO MDC : 12976</p>	<p>CLINICAL STAMP</p>	