

## NEXT GEN ORAL DYSPLASIA CLINIC

For patients requiring assessment of **biopsy proven** or **suspected dysplasia**

**UBC Frontier Clinical Research Centre**  
 First Floor JB MacDonald Building  
 Faculty of Dentistry, UBC  
 2199 Wesbrook Mall, Vancouver, BC. V6T 1Z3

**Pacific Oral Health Centre**  
 Suite 300 – 15850 24<sup>th</sup> Ave  
 Surrey, BC  
 V3S 0G1

Please send referral to: Tel: 604 675-8057 • Fax: 604 675-8079 • Email: [orca@bccrc.ca](mailto:orca@bccrc.ca)

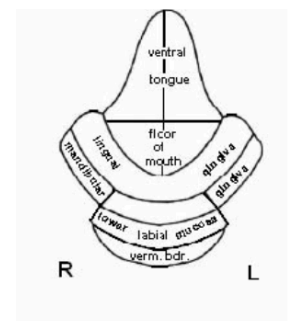
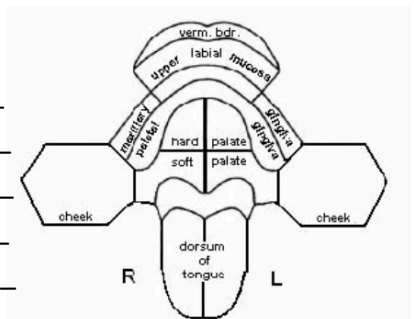
Patient Name: \_\_\_\_\_ Personal Health Number: \_\_\_\_\_  
 Patient Address: \_\_\_\_\_  
 Telephone (home) \_\_\_\_\_ (cell): \_\_\_\_\_ Email: \_\_\_\_\_  
 Name of referring clinician: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: (office) \_\_\_\_\_ (fax): \_\_\_\_\_ Email: \_\_\_\_\_

**Reason for referral:**

- 1. Biopsy proven dysplasia (pathology report attached), or
- 2. Suspected dysplasia requiring consultation and biopsy

Please note, **ALL** of the following is **REQUIRED** for this type of referral. Incomplete referrals will be returned.

- Patient is unable to access private practice consultation and biopsy
- Lesion mapped on diagram below
- Lesion size (estimated width x length x height): \_\_\_\_\_
- Lesion colour: (white, red, mixed red and white, other): \_\_\_\_\_
- Lesion appearance (uniform or varying throughout): \_\_\_\_\_
- Lesions borders (well defined or ill-defined): \_\_\_\_\_
- Duration (estimated) lesion has been present: \_\_\_\_\_
- Risk habit information (tobacco/ alcohol use): \_\_\_\_\_
- Medical history information, including medications: \_\_\_\_\_



Other information: \_\_\_\_\_  
 \_\_\_\_\_

Please note, photos are helpful in triaging patients and assisting timely appointments for urgent referrals. Photos can be emailed to [orca@bccrc.ca](mailto:orca@bccrc.ca).