

Coquitlam Centre Dental Clinic

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Dr. RAJAN SAINI *BDS MDS Ph.D FRCD(C)* **CERTIFIED SPECIALIST IN ORAL MEDICINE AND ORAL PATHOLOGY** (Restricted to Specialty)

Patient's Name: _____ Gender: male female

Date of Birth: _____ Phone: _____

Address: _____ Email: _____

Oral Mucosal Diseases (lumps and bumps, ulcers, red/white patch, infections)

Orofacial pain (neuralgia, headache, atypical odontalgia, myofascial pain)

TMJ pathology

Burning mouth syndrome

Salivary gland dysfunction/taste changes/halitosis

Oral cancer/dysplasia screening and follow-up

Other:

Brief History:

Referring Doctor: _____ Date of Referral: _____

Name of Clinic: _____

Phone: _____ Email: _____