



**Cleft Lip and Palate/Craniofacial
Dental Program
Referral Form**

3945 Matchette Rd.
Windsor, Ontario N9C 4C2
T: 519.252.7281
Toll Free: 1.866.636.6666
F: 519.252.5873
www.jmccentre.ca

CLP/CDP VPI

Date: _____

Name: _____

Sex: M F

DOB: _____

Health Card #: _____

Referred By: _____

Parents/Guardian: _____

Address/Postal Code: _____

Phone (Home): _____ (Cell): _____

Reason For Referral/Diagnosis:

Family Doctor: _____

Speech/Language Pathologist: _____

Other Attending Physicians: _____

School (Other Agencies): _____

Specific Concerns:

FOR VPI REFERRALS:

Other Pertinent Information: (e.g. history of nasal regurgitation, etc.)

For Office Use Only

Full Clinic Screening