Sunnybrook
HEALTH SCIENCES CENTRE

Craniofacial Prosthetic Unit -
2075 Bayview Avenue, T-wing, ground floor, room TG 254
Toronto, ON M4N 3M5
T: 416-480-4254 **F:** 416-480-7815

PATIENT INFORMATION

Last Name	First Name	Middle Initial

Date of Birth (yyyy/mm/dd)	Sex ☐M ☐F	Health Card Number	Version Code

Mailing Address

Unit Number	Street Number	Street Name

City/Town	Province	Postal Code	Telephone Number

REFERRING PROVIDER INFORMATION

Last Name	First Name	OHIP Billing Number

Mailing Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Telephone Number	Fax Number	Email address

MEDICAL INFORMATION

Type of prosthesis

Auricular prosthesis: ☐L ☐R Orbital prosthesis: ☐L ☐R Nasal prosthesis ☐

Diagnosis

☐ Tumour ☐ Trauma ☐ Congenital Abnormality ☐ Acquired Abnormality

Specific Diagnosis

Surgical Procedure	Date	Radiation ☐Yes ☐No

Is further revision surgery planned or needed ? ☐No ☐Yes Please specify:

Does the patient currently wear an extraoral prosthesis ☐Yes ☐No

	Available		Attached	
	Yes	No	Yes	No
Diagnostic Reports and Imaging	☐	☐	☐	☐
Previous Operative Reports	☐	☐	☐	☐

Other information