ORAL & MAXILLOFACIAL SURGERY REFERRAL FORM

To: Dental Officer / Specialist
Department of Oral Maxillofacial Surgery
Hospital ..... SERDANG .....

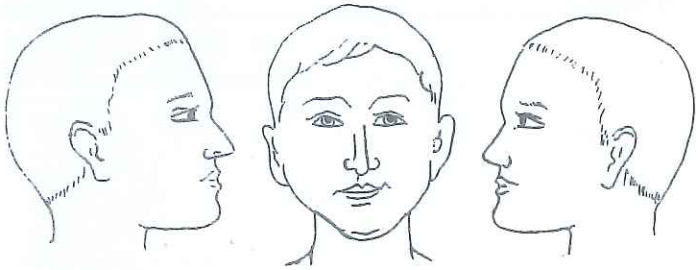
Spoken to:
TRIAGING. ☐ URGENT .....
☑ NON-URGENT ... 17/7/2025 @ 8³⁰ pagi
(Please state appointment date & time given)

PATIENT 'S DETAILS			
NAME	~~SITA~~ SITI NUR RABI'ATUL ADAWIYAH BINTI AZAHAR.	AGE	33 y/o.
I.C. NO.	920327-14-5976	GENDER	F
CONTACT NO.	011-28762713.	RACE	MALAY.

REFERRER DETAILS			
NAME	DR. NG LI SYUEN PEGAWAI PERGIGIAN UG9 NO. MDC : 17096 KP Bandar Baru Bangi	DATE	16/4/2025.
PRACTICE NAME		CONTACT NUMBER	03-8926 9412.

KLINIK PERGIGIAN
BANDAR BARU BANGI,
43650 B. B. BANGI,
03-8926 9412

MEDICAL & DENTAL HISTORY			
COMORBIDITIES	NIL	MEDICATIONS	NIL
SURGICAL/ HOSPITAL ADMISSION HISTORY	NIL	DENTAL HISTORY	SYMPTOMATIC ATENDEG.
ALLERGIES	NIL	SOCIAL & FAMILY HISTORY	
HABITS If yes, please mention onset, frequency, etc.	SMOKING /SECOND HAND/ VAPE	YES	(NO)
	ALCOHOL INTAKE	YES	(NO)
	BETEL QUID	YES	(NO)
	OTHERS	YES	(NO)

HISTORY & FINDINGS			
PATIENT'S COMPLAINT & HISTORY OF ILLNESS	Gigi sakit. Spontaneous pulsating pain since 5 days ago, affected eating and sleeping.		
GENERAL CONDITION	Alert and comfortable.	VITAL SIGNS	BP: 119/84 mmHg HR: 71. bpm PAIN SCORE:
CLINICAL EXAMINATION (EXTRAORAL)	 SYMETRICAL FACE: (YES) / NO ..... PALPABLE CERVICAL LYMPH NODE: YES/(NO) ..... TMJ : No clicking, no tenderness		

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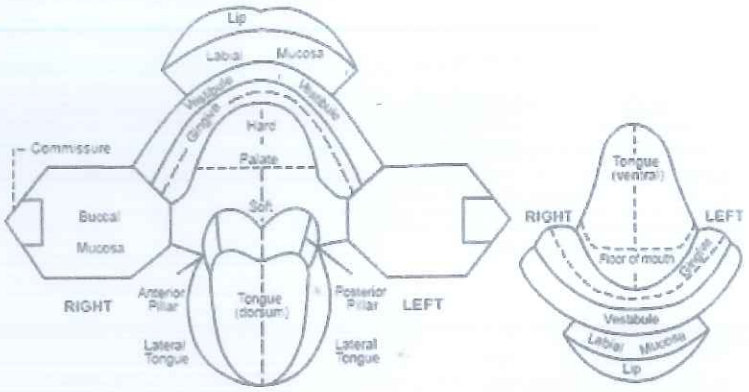
CLINICAL EXAMINATION (INTRAORAL)	 TEETH: 48 - mesioangulary impacted, suspected caries (~~DO~~ MO), TTP, no swelling, no pus discharge					
INVESTIGATIONS	NIL					
PROVISIONAL DIAGNOSIS	Mesioangulary impacted 48 (acute pulpitis)					
CATEGORY	IMPACTED WISDOM TOOTH	✓	ORAL CANCER		TRAUMA	
	SURGICAL REMOVAL OF TEETH/ ROOT		ORAL POTENTIALLY MALIGNANT DISORDERS		DENTO-FACIAL DEFORMITY	
	PRE-PROSTHETIC SURGERY		SOFT TISSUE PATHOLOGY		CLEFT LIP & PALATE	
	DENTAL IMPLANT & BONE GRAFTING		CYST/ TUMOR OF JAW		OROFACIAL INFECTION	
	TEMPOROMANDIBULAR JOINT DISORDER / OROFACIAL PAIN		SALIVARY GLAND DISEASE		OTHERS, please specify	
TREATMENT DONE	1. scaling done, OHI OHE given 2. Prescription given: Tablcap metenamic acid 500mg tds x 5/7				0.2% Chlorhexidine M/W 10ml BD x 1/52.	
PURPOSE OF REFERRAL	Refering for MOS of 48.					
NAME			DATE		16/4/2025	
SIGNATURE & STAMP	DR. NG LI SYUEN PEGAWAI PERGIGIAN UG9 NO. MDC : 17096		CLINICAL STAMP		KLINIK PERGIGIAN BANDAR BARU BANGI, 43650 B. B. BANGI, 03-8926 9412	

s/by DR. UMAA GOVINDARAJU
DDS (UKM)
PEGAWAI PERGIGIAN
NO. MDC : 5912