

ASSINIBOIA SURGICAL CENTRE

Oral & Maxillofacial Surgeons

Dr. Reda Elgazzar



Dr. Adnan Shah



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Ph: 204-897-3450

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I am referring:

Name: _____

DOB: _____

Address: _____

City/Prov/Postal Code: _____

Name of School if student: _____

Home Phone: _____

Work Phone: _____

For:

Dentist: _____

Signed: _____

Date: _____

Insurance Info: _____

Insurance Company: _____

Policy # _____

ID # _____

Insured: _____

Relationship to insured: _____

DOB of insured: _____

Please fax completed referral to 204-897-3460
Or mail to 3520 Roblin Blvd., Wing., MB R3R 0C9

You can also email referrals to:

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