PERIODONTIST

Merritton Professional Building 944 Merritton Road, Suite 201 Pickering, Ontario L1V 1B1

Tel. (905) 831-4867 Fax (905) 831-8757 ddsperio@rogers.com

## Periodontal Referral

Patient				Date	
For Periodontal	Appointment				
	Day	Date _		Time	
Referred By Dr.					
For:	□ Complete Periodontal Evaluation				
	□ Specific Problem				
	□ Crown Lengthening				
	☐ Mucogingival Defects / Recession				
	□ Ridge Augmentation				
	□ Implants				
	□ Emergency Tre	atment for			
	: New				
Patient has had:	☐ Recent Scaling	/ Date:			
	□ Recent Full Mo	outh X-rays / Date	e:		
Patient concern	RE: □ Esthetics	☐ Discomfort	□ Tooth Loss		
	☐ Apprehension ☐ Other	☐ Time Loss			
	:□ Endodontics				
		a contract			
Special Comments	s:				
	• 0	IIR OFFICE I	S		



