North Burnaby Dental Group

PERIODONTAL REFERRAL FORM

Dr. Mandy Nematollahi
Certified Specialist in Periodontics

PATIENT'S NAME: _____ Birth Date: _____

Address: _____

City: _____ Postal Code: _____

Tel #: _____ Alternate Tel#: _____

Email: _____

Insurance Company: _____ Group #: _____ ID #: _____

REFERRED FOR:

❑ Comprehensive Periodontal Examination and Treatment.

❑ Specific Examination and Treatment of Areas: _____

_____

❑ Implant(s) w/Healing Abutment
❑ Crown Lengthening
❑ Frenectomy
❑ Sinus Augmentation
❑ Pocket Reduction Therapy
❑ Bone Grafting
❑ Soft Tissue Graft
❑ Other _____
❑ Extraction
❑ Surgical Exposure

SPECIAL CONSIDERATIONS:

_____

_____

_____

Radiographs: ❑ Sent via MTS ❑ Emailed ❑ Not Available

REFERRING DOCTOR: _____ Phone: _____

Email: _____

OR: Referring Practice Stamp (if available)

North Burnaby Dental Group
4587 Hastings Street, Burnaby, BC V5C 2K3 Phone: 604.291.6696