

Park Lane Perio Form

FIRST AVAILABLE

DR. ERALDO BATISTA

DR. SAYED MIRBOD

DR. MICHAEL RODA

DR. HAIDER AL-WAELI

HALIFAX (5657 Spring Garden Road, Suite 600 Halifax, NS B3J 3R4)

BEDFORD (362 Lacewood Drive, Suite 10, Halifax, NS, B3S 1M7)

WE ARE REFERRING:

Patient: _____ DOB: _____

Address: _____

Phone: (Home) _____ (Cell) _____ (Other) _____

Email: _____

Medical: _____

Concerns: _____

PLEASE ASSESS THE PATIENT FOR THE FOLLOWING PERIODONTAL CONCERNS:

Comprehensive Periodontal Examination: _____

Mucogingival Assessment: _____

Crown Lengthening: _____

Implant Therapy: _____

Oral Pathology: _____

Other: _____

RELEVANT INFORMATION:

AN APPOINTMENT HAS BEEN MADE ON: _____

PLEASE CALL THE PATIENT TO BOOK APPOINTMENT

RADIOGRAPHS ENCLOSED OR HAVE BEEN SUBMITTED ELECTRONICALLY

PLEASE TAKE RADIOGRAPHS AS REQUIRED

Referring Dentist: _____ Phone: _____

Signature: _____ Date: _____