

Date of Referral: _____



Introducing: _____

Referred By: _____

Patient Phone: (H) _____ (C) _____

Patient has been seen in my practice for _____ years.

Patient is new to my practice Premedication required/antibiotic used

Periodontal Treatment done by our office: No Yes Date: _____

For treatment discussion, call me: Before appointment After appointment

Please Evaluate For:

- Gingival Recession/Soft Tissue Grafting
- Ridge Augmentation
- Sinus Augmentation
- Implant Consultation
- Periodontal Disease (areas of concern): _____
- Other: _____
- Emergency Care
- Crown Lengthening
- Bone Regeneration

Radiographs:

- Date of most recent FMS: _____
- Date of most recent bitewings: _____
- Radiographs will be sent
- Patient will bring radiographs
- Please take radiographs

Restorative Therapy:

- Is planned (please comment below)
- Will be planned after periodontal evaluation
- Is not indicated

Comments: _____

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HERITAGE PERIODONTICS

Dr. Mindy Pho & Associates



We are conveniently located at

44 Corporate Court | Guelph, ON | N1G 5G5

Reach us by phone at
(519) 827-2112

Visit us online at
www.heritageperio.ca

Your Appointment

Date: _____ Time: _____