PERIODONTICS & IMPLANT DENTISTRY

4141 Sherbrooke West, suite 535
Montreal, QC H3Z 1B8
t 514.931.2551 f 514.931.2380
info@periomontreal.com

☐ Dr. JEREMY S. WERBITT
☐ Dr. BRAM SALIS
☐ Dr. EDWARD H. TRINH
☐ Dr. GENEVIEVE PAYNE
☐ Dr. FIROOZEH SAMIM
☐ As available

PERIODONTAL REFERRAL

Date ______________________ From Dr. __________________________________

Patient ____

telephone _______________________ email _______________________________

REFERRED FOR

☐ General evaluation
☐ Esthetic root coverage
☐ Occlusion
☐ Crown lengthening
☐ Tissue regeneration
☐ Implant

☐ Emergency
☐ Mucogingival
☐ TMJ
☐ Ridge augmentation
☐ Pocket elimination
☐ Other _______________

SPECIFIC COMMENTS

____

____

____

____