
SOUTH CALGARY PERIODONTAL GROUP

Specialists in Periodontics and Dental Implants

PERIODONTISTS

Referral for Periodontal Evaluation

Patient Information

Mr. /Mrs. /Miss/Ms.: _____

Street Address: _____

City: _____

Province: _____

Postal Code: _____

Email: _____

Home Phone: _____ Cell Number: _____

Date of Birth: _____

Insurance Information: _____

Medical Alerts: _____

Referral Information

Referring Dr.: _____

Date of Referral: _____

Area/Tooth of Concern: _____

Comments: _____

Reason for Referral

Comprehensive Exam

- | | |
|--|---|
| <input type="checkbox"/> Pocketing | <input type="checkbox"/> Implants, multiple quadrants |
| <input type="checkbox"/> Furcation Involvements | <input type="checkbox"/> Pre-prosthetic |
| <input type="checkbox"/> Crown Lengthening, multiple quadrants | <input type="checkbox"/> Pre-orthodontic |
| <input type="checkbox"/> Mucogingival Exam, multiple quadrants | |

Specific Exam

- | | |
|---|---|
| <input type="checkbox"/> Pocketing, Single Site | <input type="checkbox"/> Implant, Single Site |
| <input type="checkbox"/> Furcation Involvement | |
| <input type="checkbox"/> Crown Lengthening, Single Site | |
| <input type="checkbox"/> Mucogingival Exam, Single Site | |

Current Records

Radiographs (within 2 years)

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> FMX | <input type="checkbox"/> Panoramic |
| <input type="checkbox"/> Periapical(s) | <input type="checkbox"/> Tomography |
| <input type="checkbox"/> Bitewings(s) | |

Number of Films: _____

Date Taken: _____

Delivery

- | | |
|---|---|
| <input type="checkbox"/> Being emailed | <input type="checkbox"/> No x-rays |
| <input type="checkbox"/> Being mailed | <input type="checkbox"/> Please take x-rays |
| <input type="checkbox"/> Given to patient | |

Models

- Yes
- No

Implants

Referred System:

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Nobel Biocare | <input type="checkbox"/> Astra |
| <input type="checkbox"/> Straumann | |

South Calgary Periodontal Group

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