

Woodbridge / Vaughan Periodontic & Implants

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Appointment Information: If, by necessity, you must cancel your appointment, please notify us at least 48 hours in advance.

PATIENT INFORMATION

Patient's Last Name

Patient's First Name

Patient's Middle Initial

Street Address

City

Province

Postal Code

Patient's Home Phone

Work Phone

Cell Phone

REFERRAL INFORMATION

y / n

Patient is new to your practice?

Referred by: _____ Premedication required: _____ Please call us prior to consulting with patient?

Remarks or Special Instructions:

PLEASE EVALUATE PATIENT FOR:

Periodontal Disease / Bone Loss

Dental Implants: Area(s): _____

Crown Lengthening: Tooth/Teeth # _____

Soft Tissue Grafting: Tooth/Teeth # _____

Surgical Extraction and

Socket Preservation: Tooth/Teeth # _____

Guided Tissue Regeneration: Tooth/Teeth# _____

Ridge Augmentation: Area(s): _____

Periodontal Cosmetic Surgery

Root coverage: Tooth/Teeth # _____

Other: _____

RADIOGRAPHS:

Date of FMX _____

FMX to be sent

Patient has FMX

Patient has PA of BW of isolated area

Please take PA or BW of isolated area

RESTORATIVE THERAPY:

Is planned (please comment)

Will be planned after periodontal evaluation

Is not included

Comments:

