

GumDOCS Periodontics & Implant Dentistry

Referral Form

404 – 240 Catherine Street
Ottawa, Ontario K2P 2G8
(613) 234-1211 (phone)
(613) 234-7066 (fax)

Patient: _____
Date: _____
Phone: _____ (home)
_____ (work)

Patient referred for:

- ☐ Comprehensive periodontal exam
- ☐ Limited periodontal consult (please specify below)
- ☐ Implants in areas indicated below
- ☐ TMJ related problems

Patient has had:

- ☐ Recent scaling (date: _____)
- ☐ Recall appt. every _____ months
- ☐ Recent radiographs ☐ please return

Specific comments:

Restorative plan:

Pertinent medical history or special considerations:

- ☐ Patient has made an appointment with you on _____ at _____
- ☐ Patient will call for an appointment
- ☐ Please call the patient for an appointment

Referred by Dr. _____
Phone: _____