TOM WIERZBICKI DDS FRCD(C)

- PERIODONTICS € DENTAL IMPLANTS -

REFERRING DOCTOR / CLINIC

DR. TOM WIERZBICKI* - PERIODONTIST

BSc., MSc., DDS, MDent(Perio), FRCD(C) Registered Specialist in Periodontics

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DATE			reacin
Patient Contact Informa	TION		
PATIENT NAME		CELL PHONE	
PATIENT'S DATE OF BIRTH		WORK PHONE	
PARENT'S NAME (if patient is minor)		EMAIL ADDRESS	
REASON FOR REFERRAL			
DENTAL IMPLANTS Single / Multiple Full Arch Replacement / All-on-4 ® / Pro Arch SOFT & HARD TISSUE REGENERATION Gingival Grafting & Root Coverage Bone Grafting / Sinus Lift AESTHETIC & RESTORATIVE PERIODONTAL DENTISTRY Restorative Crown Lengthening Treatment of Excessive Gingival Display PERIODONTAL & PERI-IMPLANT DISEASE THERAPY Non-Surgical Therapy Surgical Therapy Wisdom Tooth Removal Management of Implant Complication(s) PRE-PROSTHETIC TREATMENTS Extractions with Ridge Preservation Ridge Reduction / Tori Removal		ift Gingival Display t Complication(s)	DIRECTIONS The clinic is situated on the 3rd floor of the West 85th Professional Centre, located in the community of West Springs in Calgary's west end. We are easily accessibile via 17th Avenue, Bow Trail, Old Banff Coach Road, and the Calgary West LRT.
ORTHODONTIC ADJUNCTIVE PRO Frenectomy TAD Placement ORAL PATHOLOGY Oral Biopsies SEDATION PROCEDURES	☐ Tooth Exposure☐ Periodontally Accelerate Orthodontics (Wilckodo☐ Diagnosis & Manageme	ent of Oral Lesions	9th AVENUE SW 17th AVENUE SW GLENMORE TRAIL
☐ Oral & Nitrous Sedation	☐ IV (Intravenous) Sedation		
18 17 16 15 14 13 48 47 46 45 44 4 85 84 8	3 42 41 31 32 33 34 35 36 3 82 81 71 72 73 74 75	37 38	
ADDITIONAL COMMENTS / RESTORATI	VE PLAN - Please forward an	y relevant charting and/or x	crays.