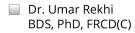
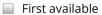


Preferred Periodontist

Dr. Tom WierzbickiBsc, MSc, DDS, MDent(Perio), FRCD(C)







DATE		
PATIENT CONTACT INFORM	ATION	
PATIENT NAME PATIENT'S DATE OF BIRTH	CELL PHONE WORK PHONE	
PARENT'S NAME (if patient is a minor)		
REASON FOR REFERRAL		
DENTAL IMPLANTS Single / Multiple SOFT & HARD TISSUE REGENER Gingival Grafting & Root Coverage AESTHETIC & RESTORATIVE PER Restorative Crown Lengthening PERIODONTAL & PERI-IMPLANT Non-Surgical Therapy Wisdom Tooth Removal PRE-PROSTHETIC TREATMENTS Extractions with Ridge Preservation ORTHODONTIC ADJUNCTIVE PR Frenectomy TAD Placement ORAL PATHOLOGY Oral Biopsies SEDATION PROCEDURES Oral & Nitrous Sedation INVOLVED TEETH / SITES	■ Bone Grafting / Sinus Lift RIODONTAL DENTISTRY ■ Treatment of Excessive Gingival Display F DISEASE THERAPY ■ Surgical Therapy ■ Implant Removal ■ Ridge Reduction / Tori Removal	- 8
REFERRING DOCTOR / CLINIC		
DHONE	EMAIL ADDRESS	