

NYPC

NORTH YORK PERIODONTAL CENTRE

DR. SIAVASH HASSANPOUR

DR. SALLY SAFA

DR. BRIAN WONG

Certified Specialists in Periodontics

NORTH YORK PERIO . COM

PERIODONTAL REFERRAL

Patient Name: _____

Appointment Date: _____

Referring Doctor: _____

REFERRAL DETAILS

- Generalized periodontal evaluation
- Specific periodontal evaluation
 - Crown lengthening (tooth # _____)
 - Soft tissue graft (tooth # _____)
 - Bone grafting/sinus elev. (area: _____)
 - Implants (tooth #/area: _____)
 - Pre-orthodontic: Grafting / Frenectomy
 - Oral pathology/biopsy: _____
- Other: _____

Treatment Discussion:

- call me email me: _____

Comments: _____

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NORTH YORK PERIODONTAL CENTRE

Additional Parking at Rear
Located 1 block West of Leslie subway stop



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