



DR. REZA TERMEI DDS MSc FRCD(C)
DR. JAFFER KERMALLI DDS MSc FRCD(C)

DATE: _____

INTRODUCING: _____

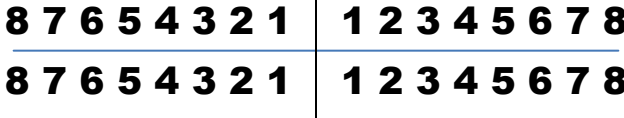
PATIENT TEL: _____

REASON FOR REFERRAL

- CONSULT & TREATMENT
- DEEP PERIODONTAL POCKETS
- TREATMENT PLANNING
- BIOPSY/ASSESS LESION
- SECOND OPINION
- CROWN LENGTHENING
- FRENECTOMY
- GINGIVAL RECESSON/GRAFT
- EMERGENCY

CONE BEAM CT Scan

LOCATION (circle below) MEASUREMENTS YES NO (INDICATE REASON FOR SCAN BELOW)



DENTAL IMPLANT CONSULTATION

- EXTRACTION & SOCKET GRAFTING
- RIDGE AUGMENTATION
- SINUS LIFT
- SINGLE TOOTH
- MULTIPLE TEETH
- FULL ARCH

ORTHODONTIC CO-THERAPY

- TOOTH EXPOSURE
- TAD PLACEMENT

RADIOGRAPHS

- ENCLOSED
- WILL SEND VIA E-MAIL
- PATIENT WILL BRING
- NONE AVAILABLE

REMARKS:

REFERRING DR. _____

TEL: _____

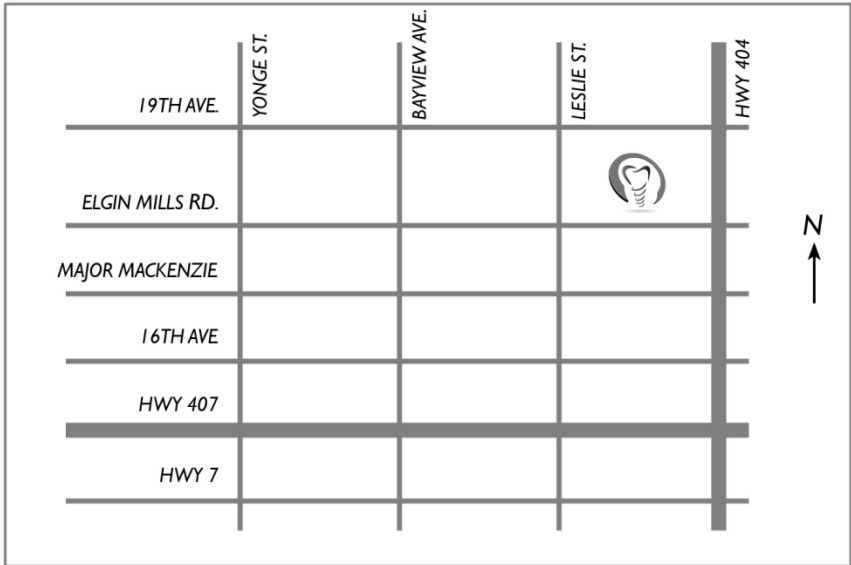
E-MAIL: _____

PLEASE INDICATE YOUR PREFERRED METHOD OF CONTACT



GTA NORTH

PERIODONTICS & ENDODONTICS



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