



REFERRAL FORM

PERIODONTISTS: ☐ Dr.Reza Termei ☐ Dr.Jaffer Kermalli ☐ Dr.Dina Zahedi ☐ Dr.Shawn Robinson

ENDODONTISTS: ☐ Dr.Amir Azarpazhooh ☐ Dr. Annie Shrestha

PROSTHODONTISTS: ☐ Dr.Majid Zakeri ☐ Dr.Elahe Behrooz

DATE: _____

PATIENT TEL: _____

INTRODUCING: _____

REASON FOR REFERRAL :

PERIODONTICS

- ☐ PERIODONTAL DISEASE
- ☐ GINGIVAL RECESSON/GRAFT
- ☐ EXTRACTION/SOCKET GRAFTING
- ☐ IMPLANT
- ☐ SINUS LIFT
- ☐ CROWN LENGTHENING
- ☐ BIOPSY/ASSESS LESION
- ☐ FRENECTOMY
- ☐ TOOTH EXPOSURE
- ☐ OTHER _____

ENDODONTICS

- ☐ INITIAL TREATMENT
- ☐ ENDODONTIC RETREATMENT
- ☐ APICAL SURGERY
- ☐ REQUIRES POST - CANAL _____

TOOTH STATUS

- ☐ DATE AND TYPE OF RECENT DENTAL TREATMENT _____
- ☐ ENDODONTIC TREATMENT INITIATED
- ☐ CROWN/BRIDGE IS CEMENTED TEMPORARY
- ☐ MEDICATION YOU PRESCRIBED _____
- ☐ OTHER OBSERVATION _____

PROSTHODONTICS

- ☐ LIMITED TREATMENT
- ☐ REMOVABLE PROSTHETIC(S)
- ☐ COSMETIC TREATMENT
- ☐ IMPLANT-SUPPORTED RESTORATION
- ☐ FULL MOUTH REHABILITATION
- ☐ TMD
- ☐ OTHER _____

CONE BEAM CT SCAN

☐ LOCATION (circle below)

MEASUREMENTS ☐ YES ☐ NO (indicate reason for scan below)

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

REMARKS

REFERRED BY: _____

☐ TEL: _____

☐ EMAIL: _____



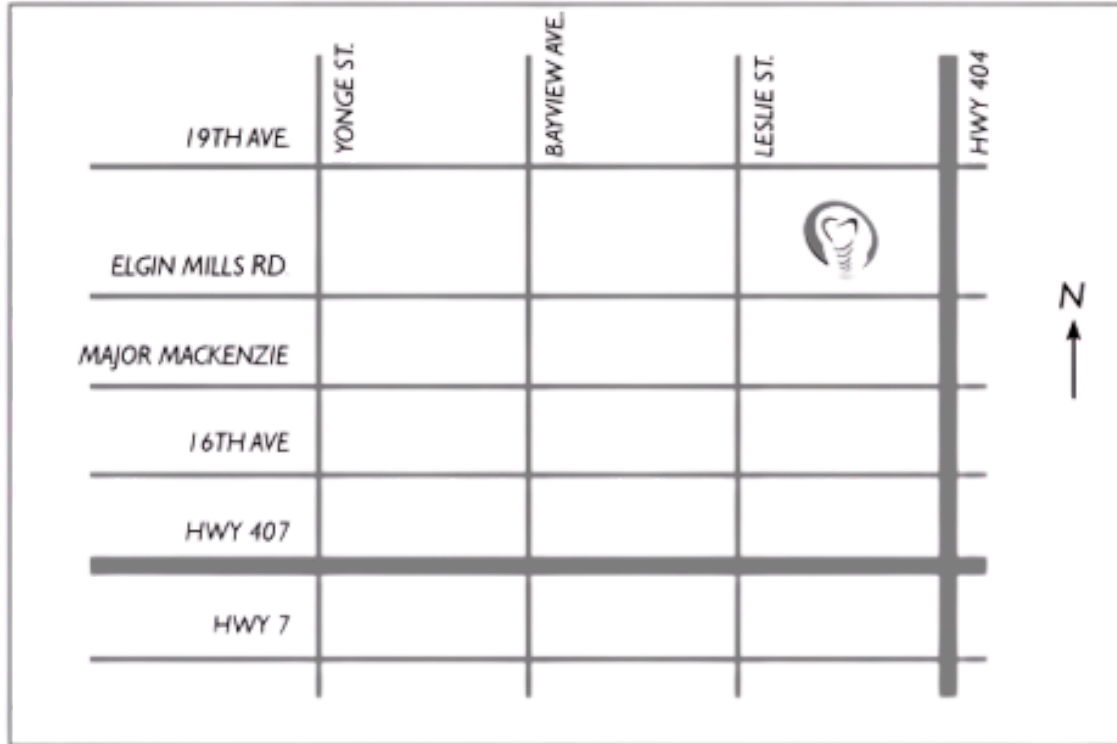
GTA NORTH

DENTAL SPECIALISTS



Referrals may also be submitted online at www.gtaperio.com or by scanning the QR code.

This option is quick, simple, and efficient, ensuring a seamless experience.



1650 ELGIN MILLS RD, SUITE 305
RICHMOND HILL, ON L4S 0B2

T: (905) 237-9305
F: (905) 237-9306

INFO@GTAPERIO.COM
WWW.GTAPERIO.COM