

Date of Referral: \_\_\_\_\_



# Heritage Periodontics

PERIODONTICS & IMPLANT DENTISTRY

Dr. Mindy Pho

Introducing: \_\_\_\_\_

Referred By: \_\_\_\_\_

Patient Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Patient has been seen in my practice for \_\_\_\_\_ years.

Patient is new to my practice       Premedication required/antibiotic used

Periodontal Treatment done by our office:  No     Yes    Date: \_\_\_\_\_

For treatment discussion, call me:  Before appointment     After appointment

### Please Evaluate For:

- Gingival Recession/Soft Tissue Grafting
- Ridge Augmentation
- Sinus Augmentation
- Implant Consultation
- Periodontal Disease (areas of concern): \_\_\_\_\_
- Other: \_\_\_\_\_
- Emergency Care
- Crown Lengthening
- Bone Regeneration

### Radiographs:

Date of most recent FMS: \_\_\_\_\_

Date of most recent bitewings: \_\_\_\_\_

- Radiographs will be sent
- Patient will bring radiographs
- Please take radiographs

### Restorative Therapy:

- Is planned (please comment below)
- Will be planned after periodontal evaluation
- Is not indicated

Comments: \_\_\_\_\_

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**Guelph, ON | N1L 1C9**

Reach us by phone at  
**(519) 827-2112**

Visit us online at  
**www.heritageperio.ca**

### Your Appointment

Date: \_\_\_\_\_ Time: \_\_\_\_\_