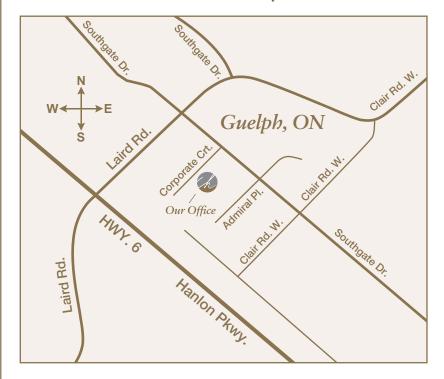
Date of Referral:		h) HEH PER	RIAGE BIODONTICS
			Dr. 1	Mindy Pho & Associate
Introducing:				
Referred By:			(0)	
Patient Phone: (H) _			(C)	
Patient has been seen i	n my practice for _		years	s.
☐ Patient is new to my	practice 🔲	Premedi	ication requ	uired/antibiotic used
Periodontal Treatment of	lone by our office:	☐ No	☐ Yes	Date:
For treatment discussio	n, call me: 🔲 Be	fore app	ointment	☐ After appointmen
Please Evaluate For:				
☐ Gingival Recession/S	oft Tissue Grafting	I	☐ Emerge	ency Care
☐ Ridge Augmentation			☐ Crown	Lengthening
☐ Sinus Augmentation			☐ Bone F	Regeneration
☐ Implant Consultation				
☐ Periodontal Disease (areas of concern):			
Other:				
Radiographs:				
Date of most recent FM	S:			
Date of most recent bite	ewings:			
☐ Radiographs will be s	ent			
☐ Patient will bring radio	ographs			
☐ Please take radiograp	ohs			
Restorative Therapy:				
☐ Is planned (please co	mment below)			
☐ Will be planned after	periodontal evalua	tion		
☐ Is not indicated				
Comments:				
44	Corporate Court (Guelph, C)N N1G 5	G5
P: (519) 827-2112 F: (5	519) 827-2113 E: i:	nfo@heri	tageperio.ca	a www.heritageperio.ca



Dr. Mindy Pho & Associates



We are conveniently located at

44 Corporate Court | Guelph, ON | N1G 5G5

Reach us by phone at

(519) 827-2112

Visit us online at

www.heritageperio.ca

Your Appointment

Date:	Time:
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