



REFERRAL FORM

Dr. Jae Chang

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Reconstructive & Implant Dentistry

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This is to introduce _____

Referred by Dr _____

Tel of referring Dr _____

The following appointment has been made for you:

Date: _____

Time: _____

Reason for referral:

- Comprehensive Periodontal Evaluation
- Specific Periodontal Evaluation _____
- Crown Lengthening _____
- Recession/Soft tissue grafting _____
- Implant consultation _____
- Orthodontic cotherapy: Tooth exposure
- Biopsy/Oral Lesion Evaluation _____
- Other: _____

Radiographs:

- Please take
- Sent with patient
- Mailed/mailed

Periodontal Treatment Completed in our office:

- New patient examination
- Oral instruction and maintenance q___ m since: _____

Caries Control

- Completed
- In Progress
- Wait until Perio controlled

Patient will also require:

- Endo
- Ortho
- Oral Surgery

Case Planning

- Please call BEFORE examination
- Please call AFTER examination
- Please provide written letter after consultation

Additional Comments

Signed- Dr _____