

Referral directed to:
 Dr. Andrew B. Kay
 Dr. Faryn Berger

Today's date _____

Patient's name _____

Dentist's name _____

Generalized perio exam Date of last maintenance _____

<input type="checkbox"/> Specific area of periodontal disease	<input type="checkbox"/> Implants
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
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

<input type="checkbox"/> Soft tissue grafting	<input type="checkbox"/> Crown lengthening
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
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

Are you interested in digital workflow? YES NO

If YES, which dental lab do you prefer? _____

Additional comments

Please correspond by written report
 email _____

X-rays enclosed sent
 please take as required (a copy will be sent with the report)

Appointment date and time _____



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*Find us on the
7th floor*

