



Dr. Edmond Ghiabi

Periodontist

590 North River Road
Suite 1
Charlottetown, PE
C1E 1K1

tel. 902 894.5100
fax. 902 894.5412
peiperiodontist.ca

PERIODONTAL REFERRAL FORM

FROM:

Dr. _____

Tel: _____

Date: _____

REFERRING:

Name: _____

DOB: _____

Tel: _____

E-mail: _____

REASON FOR REFERRAL:

Complete periodontal examination

Specific problem:

Area/Tooth #

- Gingival recession
- Deep pockets
- Mucogingival lesion(s)
- Gingival tattoo
- Bone loss
- Periodontal abscess
- Pathologic lesion(s)
- Inadequate ridge under pontic
- Crown lengthening
- Dental implant(s)
- Other

RELEVANT HISTORY:

Please contact the patient

Radiographs are enclosed

Please report: in writing by phone

Patient will call to book an appointment

Please return radiographs