Boca
Dental Specialists Group
www.bocadental.ca

Dr. Stephen Spano
BSc, DDS, MSc (Perio), FRCD(C), Dip ABP
Periodontist
referrals@bocadental ca

DATE:_____

PATIENT INFORMATION:

First Name:_____ Last Name:_____

Address:_____

DOB (yyyy/mm/dd):_____ Phone Number: _____

REASON FOR REFERRAL:

For consideration of the following teeth/sites:

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

- ☐ Complete Periodontal Examination
  Specific Exam:
  - ☐ Soft Tissue Grafting
  - ☐ Frenectomy
  - ☐ Aesthetic / Functional Crown Lengthening
  - ☐ Dental Implants (Single Tooth, Multiple Teeth, Full Arch)
  - ☐ Extractions
  - ☐ Bone Grafting / Ridge Augmentation
  - ☐ Direct / Indirect Sinus Augmentation
  - ☐ Impacted Tooth / Canine Exposure
- ☐ Sedation
- ☐ Other _____

Antibiotic Prophylaxis Required? Yes / No

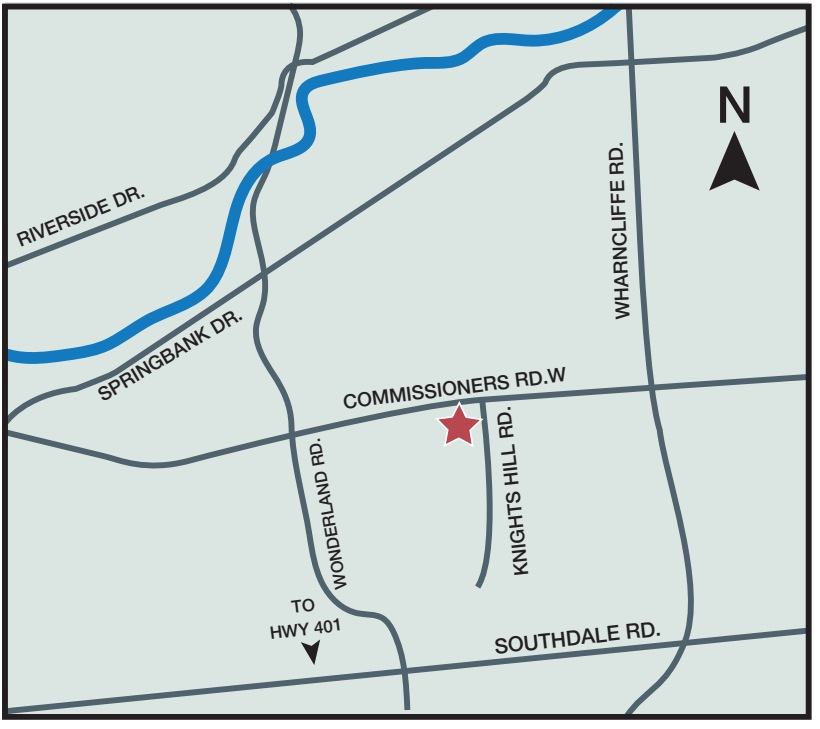
Additional Comments:

Radiographs? ☐ None ☐ Emailed

Referring Doctor: Dr. _____ Phone Number: _____

250 Commissioners Road West London, ON N6J 1Y3
Phone: 519.850.1400 Fax: 519.850.1405

See Map on Reverse



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