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CERTIFIED SPECIALISTS IN PERIODONTICS • DENTAL IMPLANT SURGERY

Fellows of the Royal College of Dentists of Canada • Diplomates of the American Board of Periodontology

Patient Information

NAME	PHONE
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Referring Doctor Information

NAME	PHONE	DATE
ADDRESS		
CITY	POSTAL CODE	COUNTRY

REASON FOR REFERRAL

- | | |
|--|---|
| <input type="checkbox"/> Comprehensive Exam | <input type="checkbox"/> Specific Exam |
| <input type="checkbox"/> Emergency Evaluation | <input type="checkbox"/> Deep Pockets |
| <input type="checkbox"/> Periodontal / Endodontic Lesions | <input type="checkbox"/> Periodontal Abscesses |
| <input type="checkbox"/> Regenerative Therapy | <input type="checkbox"/> Pocket Reduction Therapy |
| <input type="checkbox"/> Furcation Invasion | <input type="checkbox"/> Crown Lengthening Esthetic/Functional |
| <input type="checkbox"/> Gingivectomy / Excessive Gingival Display | <input type="checkbox"/> Gingival Grafting: Inadequate Attached Gingiva / Root Coverage |
| <input type="checkbox"/> Lip Repositioning | <input type="checkbox"/> Implant Consultation |
| <input type="checkbox"/> Extraction & Ridge Preservation | <input type="checkbox"/> Sinus Lift |
| <input type="checkbox"/> Soft/Hard Tissue Augmentation | <input type="checkbox"/> Diagnosis & Treatment: Peri-Implantitis |
| <input type="checkbox"/> Implant Maintenance (Please specify in comments) | <input type="checkbox"/> Orthodontic - Exposure |
| <input type="checkbox"/> Frenectomy / Fiberotomy | <input type="checkbox"/> TAD Placement |
| <input type="checkbox"/> Periodontally Accelerated Osteogenic Orthodontic (PAOO) | <input type="checkbox"/> Botulism toxin A |
| <input type="checkbox"/> Oral Pathology Diagnoses and Management | |

SEDATION OPTIONS

- Nitrous Oxide
 Oral Sedation
 Other

RADIOGRAPHS

- Please take / send copy
 Patient will bring a copy
 I will send / Please return

Has the patient received periodontal therapy in the past?

- Yes No

Does the patient require premedication?

- Yes No

TOOTH/TEETH #: If more than one, separate with commas	QUADS:
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Restorative Plans

Additional Comments

Please

- Call me before seeing the patient Call me after seeing the patient Alternate recare appointments

Please fax, mail or refer online through our website. Thank you for the courtesy of your referral!

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