

# T.E.A.M. DENTAL SPECIALISTS

In Partnership with

**CLEAR ADVANTAGE ORTHODONTIC CLINIC**

DR. PAYAM MATIN - PERIODONTIST

## Periodontal Patient Referral Form

**CERTIFIED SPECIALISTS IN PERIODONTICS • DENTAL IMPLANT SURGERY • EXTRACTIONS**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City/Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Referring Office Email: \_\_\_\_\_

Referring Office Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### REASON FOR REFERRAL

- ☐ Comprehensive **Exam**
- ☐ Specific Exam
- ☐ Emergency Evaluation
- ☐ **Periodontal**/Endodontic Lesions
- ☐ Periodontal Abscesses
- ☐ Furcation Invasion
- ☐ Pocket Reduction Therapy
- ☐ Gingival Grafting: Inadequate Attached Gingiva/Root Coverage
- ☐ Deep Pockets
- ☐ **Oral Pathology Diagnoses** & Management
- ☐ **Implant Consultation**
- ☐ Implant Maintenance (Please specify in comments)
- ☐ Diagnosis & treatment: Peri-implantitis

- ☐ Sinus lift
- ☐ Soft/hard Tissue Augmentation
- ☐ **Extraction** & Ridge Preservation
- ☐ **Extraction** of Wisdom Teeth
- ☐ Regenerative Therapy
- ☐ Crown Lengthening Esthetic/Functional
- ☐ Gingivectomy/Excessive Gingival Display
- ☐ Periodontally Accelerated Osteogenic
- ☐ Periodontally Accelerated Osteogenic Orthodontic (PAOO)
- ☐ Orthodontic - Exposure
- ☐ Frenectomy/Fiberotomy
- ☐ TAD placement
- ☐ Therapeutic **Botox** Injections

### SEDATION OPTIONS

- ☐ Oral Sedation
- ☐ Other

### RADIOGRAPHS

- ☐ Please send copy

**Has the patient received periodontal therapy in the past?**

- ☐ Yes ☐ No

**Does the patient require premedication?**

- ☐ Yes ☐ No

TOOTH/TEET #: If more than one, separate with commas

Quads:

### Restorative Plans

### Additional Comments

**Please email or refer online through our website. Thank you for the courtesy of your referral!**

#### OAKRIDGE PARK

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