FISHER
PERIODONTICS

DR. SEAN FISHER D.M.D.
Certified Specialist in Periodontics
Unit 202, 4909 Gateway Blvd.
Edmonton, Alberta T6H 5C3
Phone: **780 439-6472** Fax: **780 439-2318**
Email: **Fisher_Perio@yahoo.ca**

Date_____

Patient's Name _____

Date of Birth _____

Phone Number _____

Address _____

_____

Referred for

- ❑ Complete Examination
- ❑ Dental Implant Therapy
  site(s) _____
- ❑ Specific examination regarding _____
  _____

Additional comments (including relevant medical history, areas of concern, planned prosthodontic treatment)

_____

_____

_____

Radiographs

- ❑ Specific site radiograph enclosed
- ❑ Full mouth survey enclosed
- ❑ With the patient
- ❑ None available

Referred by Dr._____

Phone number &/or Address: _____

- ❑ Referral slips requested

Appt Date: _____ Time: _____

- Please see reverse side for information on office and parking location

Please return this form by fax, email or mail to the above address.

Thank you for your kind referral.