



**DR. JON PERLUS**  
PERIODONTICS & DENTAL IMPLANT SURGERY

106 St. Paul St., Collingwood ON L9Y 3P2 TEL 705-444-6558 FAX 705-444-6329 WED www.drperlus.com

Diplomat of the American Society of Osseointegration Fellow of the International Congress of Oral Implantologist

## PERIODONTAL REFERRAL

Introducing: \_\_\_\_\_

Patient Scheduled on: \_\_\_\_\_

From Dr: \_\_\_\_\_ PH # \_\_\_\_\_

Time in Practice:  New Patient     Active Patient  
 Other \_\_\_\_\_

Patient has had: \_\_\_\_\_

Recent Scaling. Date: \_\_\_\_\_

Recent Radiographs. No. of Films: \_\_\_\_\_ Date: \_\_\_\_\_

Referred For:  Osseointegration Implants     Complete Periodontal Evaluation

Specific Problem: \_\_\_\_\_

Emergency Treatment For: \_\_\_\_\_

Special Comments: \_\_\_\_\_

\_\_\_\_\_

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