YORK
DENTAL SPECIALISTS

DAVID LEUNG DMD CERT PERIO FRCD(C)

PERIODONTICS & IMPLANTOLOGY

Introducing: _____

Appointment Date / Time: _____

Referring Doctor: _____

Reason for Referral:

- ☐ Generalized Periodontal Concern
- ☐ Specific Periodontic Concerns:
  - ☐ Mucogingival Assessment
  - ☐ Ridge Augmentation
  - ☐ Localized Attachment Loss
  - ☐ Crown Lengthening
  - ☐ Orthodontic Exposure
  - ☐ Implant Placement

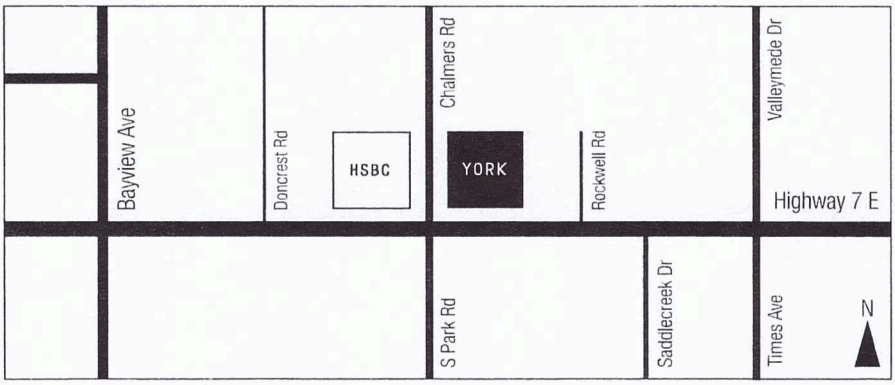
Details of Problem:
(Include relevant dental and medical history)

_____

_____

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

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Preferred method of contact to arrange an appointment is VIA email:

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