

PERIODONTICS AND PROSTHODONTICS

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DR. BEOM (MICHAEL) PARK
Periodontist and Prosthodontist

DR. CHIUNGYUN (KIRI) CHANG
Periodontist

DR. DONGDONG FANG
Periodontist

clear-dental.ca

Patient's Name *First* _____ *Last* _____

Phone *Home* _____ *Cell* _____

Email _____

DENTAL IMPLANT CONSULTATION Site(s) _____

- Dental implant placement
- Dental implant provisionalization for soft tissue contouring
- Dental implant restoration

COMPREHENSIVE EVALUATION

- Periodontics
- Prosthodontics
- Both

SITE SPECIFIC CONSULTATION Site(s) _____

- Removable Prosthodontics
- Fixed Prosthodontics
- Bone Grafting/Sinus Lift
- Soft Tissue Grafting/Gingival Recession
- Excessive Gingival Display
- Crown Lengthening
- Periodontal Pockets
- Tooth Exposure
- Frenectomy
- Peri-implantitis
- Piezocision™ (Periodontally Accelerated Orthodontic Tooth Movement)

OTHER _____

RADIOGRAPHS

- Emailed
- Mailed
- With Patient
- None

Referred by Dr. _____ Date _____

Phone _____ We need more referral slips

Referred to: Dr. Park
Prosthodontist
Periodontist

Dr. Chang
Periodontist

Dr. Fang
Periodontist

First Available

PLEASE FAX OR EMAIL THE REFERRAL FORM TO CLEAR DENTAL