



Toronto
North
Periodontics

Dr. Valentin Dabuleanu

BSc, DDS, MSc, FRCD (C)

**Certified Specialist in
Periodontics**

Tel: 647 925 5925

Fax: 647 925 5930

Email: info@tnperio.ca

**Address: 8 Finch Avenue West,
Toronto, ON M2N 6L1**

Introducing _____ Tel _____

Referring Dr. _____ Tel _____

The following appointment has been made for you:

Day _____ Date _____ Time _____

Periodontal Therapy

- ☐ Surgical Extraction
- ☐ Soft Tissue Grafting
- ☐ Cosmetic Crown Lengthening
- ☐ Restorative Crown Lengthening
- ☐ Single Dental Implant (with final abutment)
- ☐ Implant Supported Overdenture
- ☐ Full Arch Dental Implant Reconstruction
- ☐ Treatment of Periodontal Disease & Bone Regeneration
- ☐ Pre-Dental Implant Ridge Reconstruction
- ☐ Pre-Dental Implant Sinus Lift Procedure
- ☐ Surgical Canine Exposure
- ☐ IV Sedation

For consideration of the following teeth/sites:

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

Comments:

Endodontic Consult

- ☐ Specific Endodontic Consult also Requested with Dr. Mary Dabuleanu

Radiographs

- ☐ Take New Radiographs
- ☐ Emailed

Signed Dr. _____

CBCT Referral - Patient information

Patient's Name _____

Patient's Address _____

Patient's Date of Birth _____

Referring Dr. _____

For imaging of the following teeth/sites:

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

☐ Please provide any recent radiographs of the area of interest

Case history, provisional diagnosis, proposed treatment

- Please Note:** we are accepting referrals for Dentoalveolar CT scans only. This includes:
- Teeth and supporting structures
 - Mandible and Maxilla up to floor of nose

Please refer your patient to an Oral & Maxillofacial Radiologist for Imaging of: Temporomandibular joint, full maxillary sinus, cervical spine

