



Toronto
North
Periodontics

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Certified Specialists in Periodontics

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

