



Dr. Timothy Gould, B.D.S., L.D.S., Dip. Periodont, Pd.D., M.R.C.D. (C)
Certified Specialist in Periodontics

#404 - 1001 West Broadway, Vancouver, B.C. V6H 4B1
Telephone: (604) 739-0479 Facsimile: (604) 739-0478

PERIODONTAL REFERRAL FORM

Date:

Treatment in Referring Doctor's Office
to Date:

Referring Doctor:

Name

Phone

Proposed/Pending Restorative Treatment:
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Patient Name:

Phone Home

Work

Cellular

Periodontal Treatment Options Discussed by
Referring Doctor's Office:
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Patient will call Periodontist's Office

Periodontist's Office to call patient

Areas of Concern:

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Additional Information or Comments:

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Ongoing Supportive Periodontal Treatment:

Periodontist's Office

Referring Doctor's Office

Alternating Appointments Between Our
Offices

Relevant Medical History:

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Recent Radiographs:

Enclosed With Patient