WESTSIDE
ENDODONTICS + PERIODONTICS

REFERRING DENTIST NAME + EMAIL _____ DATE _____

PATIENT NAME + EMAIL _____ PATIENT BIRTHDAY _____

PATIENT'S PHONE (HOME) _____ PHONE (WORK/CELL) CIRCLE PREFERRED CONTACT _____

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

ENDODONTIC REFERRAL

- ☐ Diagnostic Consultation & Treatment
- ☐ Emergency Treatment (patient in pain)
- ☐ Intentional Endodontics prior to prosthodontic treatment
- ☐ Treatment Started but not completed due to: (circle all that apply)
  - exiting filling material and/or posts
  - calcified canals/exceptional anatomy
  - possible instrument separation
  - possible perforation
  - difficulty anaesthetizing
- ☐ Surgical consultation
- ☐ IV Sedation

PERIODONTAL REFERRAL

- ☐ Comprehensive/Specific Exam (circle one)
- ☐ Deep Pocketing/Furcation Involvement
- ☐ Recession/Soft Tissue Grafting
- ☐ Bone Grafting
- ☐ Sinus Lift/Augmentation
- ☐ Implants (Implant preference):
  - Straumann
  - Astra
  - Other :_____
- ☐ Ridge Augmentation
- ☐ Crown Lengthening

Radiographs Sent: ☐ None ☐ PA ☐ PAN ☐ FMS ☐ CBCT SCAN

SPECIAL CONSIDERATIONS & COMMENTS (MEDICAL, LANGUAGE, ETC)**:**

ENDODONTISTS

DR. SHANNON DAVIS
DMD, MBA, MSc, FRCD(c)

DR. NAHAL VESSAL
DMD, MSc, FRCD(c)

PERIODONTIST

DR. IAIN GIBSON
DDS, MPerio, FRCD(c)

free patient parking • wheelchair accessible • map on back

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wsendodontics.com

WESTSIDE
ENDODONTICS + PERIODONTICS

LOCATED AT

Suite 14 - 7400 Macleod Trail SE, Calgary, Alberta T2H 0L9

DIRECTIONS

SOUTHBOUND Macleod Trail:
Turn left on 71 Ave SW, right on Fisher St SE to clinic

NORTHBOUND Macleod Trail: Turn right on 73 Ave SE

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