



Perio Dental
Clinic

Dr. Mansur Roy DMD, MSc, Dip. Perio.
Certified Specialist in Periodontics

Referral Information

This form can be emailed to perioclinic.roy@gmail.com or faxed.

Address: Unit 104A, 2825 Clearbrook Road Abbotsford, BC V2T 6S3	Phone: 604-755-3366
Hours of Operation: 9 am to 4:30 pm (Wed, Thurs, Fri) 9 am to 4 pm (2 nd and 4 th Saturday)	E-Mail: perioclinic.roy@gmail.com
	Fax: 604 755 3677

Date: _____ **Patient Name:** _____

Patient's Phone: _____ **Patient's email:** _____

Referred by Dr. _____

Reason for Referral

- Comprehensive Periodontal Exam → _____
- Specific Periodontal Exam (One Quad.) → _____
- Soft Tissue Grafts: Sites → _____
- Crown Lengthening: Tooth # → _____
- Oral Pathology: Sites → _____
- Dental Implants: Sites → _____
- Bone Grafts for Implants → _____
- Sinus Lift for Implants → _____
- Exposure of Crown for orthodontics: # → _____
- Tooth extraction- socket preservation: # → _____
- Third Molar Extraction: # → _____

Comments: _____

Note: If the radiographs are available please E-Mail them to perioclinic.roy@gmail.com