



DR. JILL LEVINE

PERIODONTICS & IMPLANT SURGERY

Patient Information:

Date: _____

Name: _____

Address: _____

Phone Number: (H) _____ (C) _____

Email: _____

Referred by: _____

Reasons(s) for Referral:

- | | |
|---|--|
| <input type="checkbox"/> General Periodontal Assessment | <input type="checkbox"/> Frenectomy |
| <input type="checkbox"/> Canine Exposure | <input type="checkbox"/> Gingival Recession / Soft Tissue Grafting |
| <input type="checkbox"/> Crown Lengthening | <input type="checkbox"/> Implant Consultation |
| <input type="checkbox"/> Emergency Care | <input type="checkbox"/> Ridge Augmentation |
| <input type="checkbox"/> Esthetic Recontouring | <input type="checkbox"/> Sinus Augmentation |

Other: _____

Radiographs:

- | | |
|---|---|
| <input type="checkbox"/> Emailed to: levineperio@gmail.com | <input type="checkbox"/> Patient will bring radiographs |
| <input type="checkbox"/> Radiographs will be sent in mail | <input type="checkbox"/> Please take radiographs |

Date of most recent FMS: _____

Date of most recent Panorex: _____

Restorative:

- | | |
|---|--|
| <input type="checkbox"/> Waiting for perio assessment | <input type="checkbox"/> In progress |
| <input type="checkbox"/> Completed | <input type="checkbox"/> Not indicated |

Patient May Also Require:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Endodontics | <input type="checkbox"/> Oral Surgery |
| <input type="checkbox"/> Orthodontics | <input type="checkbox"/> Prosthodontics |

Most Recent Hygiene Visit: _____ months ago

Comments: _____

4950 Yonge Street | Suite 500 | Toronto, ON | M2N 6K1

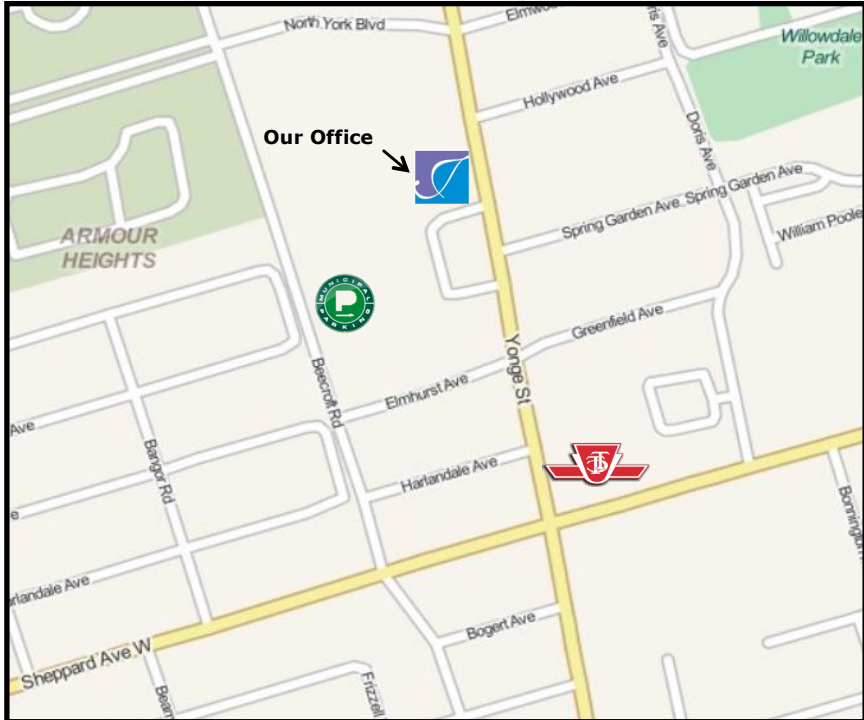
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HOW TO FIND US:



4950 Yonge Street | Suite 500
Toronto, ON | M2N 6K1
Phone: 416-248-1551

Website: www.levineperio.com

Parking is available at 4950 Yonge Street or alternatively a public parking lot is located on Beecroft Avenue with direct access to the office tower.

We are also easily accessible by subway via Sheppard Station.