



Perio Dental
Dr. Roy periodontist

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 104, 2825 Clearbrook Road Abbotsford, BC V2T 6S3	Phone: 604-755-3366
Hours of Operation: 9 am to 5 pm (Wed, Thurs, Fri) and (2 nd and 4 th Saturday)	E-Mail: perioclinic.roy@gmail.com
perioclinic.roy@gmail.com	Fax: 604 755 3677

Date: _____ Patient Name: _____

Patient's Phone: _____ Patient's email (if available): _____

Referred by Dr. _____

Reason for Referral (check boxes, add comments if applicable):

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: # _____

Comments: _____

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