



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](mailto: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 <sup>nd</sup> and 4 <sup>th</sup> Saturday)	E-Mail: <a href="mailto:perioclinic.roy@gmail.com">perioclinic.roy@gmail.com</a>
Online form: <a href="http://periodental.ca/referral">periodental.ca/referral</a>	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](mailto:perioclinic.roy@gmail.com)