

OTTAWA WEST PERIODONTICS

PERIODONTICS & IMPLANT DENTISTRY



- Vana Andreou, BSc, DDS, MSc(Perio), FRCD(C)
- Charles Alleyn C.D., BSc, DDS, Dip(Perio), FRCD(C)
- Sophie R. Couto DDS, MS, Cert (Perio), FRCD(C)
- Michael Silva, DDS, MSc (Perio), FRCD(C)
- No Preference / First Available Appointment

Patient Name: _____ D.O.B _____
Tel: (H) _____ (Cell) _____ (W) _____
Email: _____
Appointment Date: _____ Time: _____

**Please arrive 15 minutes before your consultation appointment time
with insurance information and complete list of medications.**

Consultation Regarding:

Periodontal/Pockets Comprehensive Specific _____
Recession Comprehensive Specific _____
Extraction _____
Implant _____
Exposure _____
Other _____

Comments: _____

Restorative Plan: _____

Pertinent Medical History or Special Considerations:

Radiographs: Emailed Mailed None available

Referred by Dr: _____ Tel: _____ Date: _____

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