

**OTTAWA WEST
PERIODONTICS**
PERIODONTICS & IMPLANT DENTISTRY



- Dr. Vana Andreou BSc, DDS, MSc(Perio), FRCD(C)
- Dr. Lisa Richardson DDS, Cert (Perio)
- Dr. Charles Alleyn C.D., BSc, DDS, Dip(Perio), FRCD(C)
- Dr. Catherine Gagnon DMD, Cert(Perio), FRCD(C)
- Dr. Sophie R. Couto DDS, MS, Cert (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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