



Dr. Peyman Shahidi

## Clinical Referral

Comprehensive Periodontal Examination

Periodontal Disease Gum	Location
Grafting	Location
Crown Lengthening	Location
Socket Preservation	Location
Extraction	Location
Alveoplasty	Location
Impacted Tooth Exposure	Location
TAD Placement Dental	Location
Implant	Location

### Markham

✉ 5762 Highway 7 East, Suite 207  
Markham, ON, L3P 1A8  
☎ +1 905 554 1300  
☎ +1 866 323 8283  
✉ markham@limeperio.com  
🌐 www.limeperio.com

### Stouffville

✉ 37 Sandiford Dr., Suite 208  
Stouffville, ON L4A 3Z2  
☎ +1 905 591 8888  
☎ +1 866 323 8283  
✉ stouffville@limeperio.com  
🌐 www.limeperio.com

Date

Referring Doctor

Doctor's Phone

Patient's First Name

Patient's Last Name

Patient's Birthday

Patient's Cell Phone

Patient's Home Phone

Patient's Work Phone

Radiographs

Being Sent via  
Email Given to  
Patient None

Sinus Elevation	Location
Bone Grafting	Location
Ridge Splitting	Location
Biopsy	Location
Frenectomy	Location
IV Sedation	
Oral Sedation/N2O	
Other	

Other Reason(s) or Location(s) Found During Initial Examination :

Proceed with the Required Treatment

Discuss with the Referring Dentist First

Other Priority Dental Work Required by the Referring Dentist

Comments