

■ PERIODONTICS AND IMPLANT SURGERY

Today's date _____

Dentist's name _____

Patient's name _____

Generalized periodontal examination

Specific area of periodontal disease

Area _____

Implants

Teeth _____

Soft tissue grafting

Teeth _____

Crown lengthening

Teeth _____

Additional comments

Please correspond by written report

email _____

X-rays enclosed sent

please take as required (a copy will be sent with the report)

Appointment date and time _____



**LATEX
FREE**

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