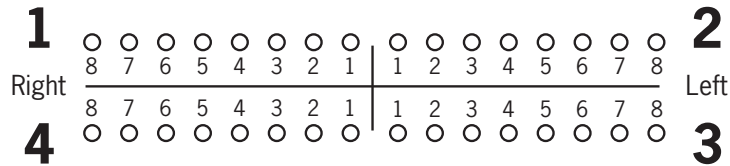




Dr. Naheed Mohamed, DMD, MSD, Dip Perio, FRCD(c)

Referred by Dr. _____

This is to introduce _____



Chief complaint:

Referring for:

- | | |
|--|--|
| <input type="checkbox"/> Extractions | <input type="checkbox"/> Tissue Grafting |
| <input type="checkbox"/> Socket Grafting | <input type="checkbox"/> Dental Implants |
| <input type="checkbox"/> Periodontal Surgery | <input type="checkbox"/> Bone / Sinus Grafting |
| <input type="checkbox"/> Impacted Tooth Exposure | <input type="checkbox"/> Biopsy / Pathology |

I have prescribed the following medications:

- Antibiotic Analgesic Anti-Inflammatory _____

Patient would be interested in:

- Oral sedation IV Sedation

Patient is being treated in the following areas:

- Orthodontics Restorative Other _____

Please bring the following to your appointment

- This referral slip
- Any x-rays given to you by your dentist
- A list of your medication
- Dental Insurance information

Perio Clinic Oakville

1525 Cornwall Road, Unit 20, Oakville, ON L6J 0B2 tel 905 338 1126 fax 905 842 4518
info@oakvilleperio.com oakvilleperio.com



Dr. Naheed Mohamed, DMD, MSD, Dip Perio, FRCD(c)

Clinic Locations in Oakville and Mississauga

Perio Clinic Oakville

1525 Cornwall Road, Unit 20, Oakville, ON L6J 0B2 tel 905 338 1126 fax 905 842 4518
info@oakvilleperio.com oakvilleperio.com

Periodontal Associates

4295 Village Centre Court, Mississauga, ON L4Z 1S2 tel 647 360 8590 fax 905 279 9806
mail@paperio.ca paperio.ca

Dr Naheed Mohamed

Please visit our website to download a patient medical history form, fill it out and either email or bring it in to your appointment. Also bring a current list of any medications and insurance information.

info@oakvilleperio.com oakvilleperio.com



For your convenience , we accept payment by
VISA, MASTERCARD, AMEX, DEBIT AND CASH.

Our office does not accept payment directly
from Dental Insurance Companies.

