



DR. ROBERT BOUCLIN

PARODONTISTE / PERIODONTIST

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PATIENT INFORMATION

Mr./Mrs./Miss/Dr. _____
(FIRST) (LAST)

Tel:(Home) _____ Address: _____

(Work): _____

(Cell): _____

Date of Birth: _____
D D / M M / Y Y

Patient prefers to speak ENGLISH FRENCH

The patient has an appointment scheduled on _____ (date) at _____ (time).

Call patient to schedule appointment.

Please send only recent (1 year or less) duplicate radiographs.

Panorex and periapicals for implant consultations Periapicals for specific area exams.

Treatment considerations: Premed required Prefers IV/oral sedation

This patient is being referred for: Reintroducing patient for:

Specific Exam in the region of _____ (tooth numbers of involved area) and assessment for:

- Crown lengthening
- Localized Periodontal Disease with possible treatment by:
 - Flap Curettage
 - Guided Tissue Regeneration
- Frenectomy/Gingival Grafting
- Oral Pathology
- Tooth Exposure
- Other _____

Implants in the region of _____ (tooth numbers of involved area).
please indicate implant system of preference for the restorative dentist:

- Biohorizons Nobelbiocare (Replace Select)
- Zimmer Straumann(SL Active Bone Level)
- Astra Tech. Other _____

Comprehensive Periodontal Exam. The patient had:
 Recent scaling and root planing, on _____ (date).
 Recall appointments every _____ months.

Restorative Treatment Plan: _____

Referred by Dr. _____ Phone: _____
(Printed)

Email: _____ Fax: _____

Patient Appointment Preparation

Your appointment is scheduled on:

_____ (date) at

_____ (time)

If you normally take premedication before dental appointments, please do so before your examination.

For patient safety and comfort, we have restricted the use of scents and latex in our office.

Please bring with you the following:

1. All xray pictures your dentist has given you.
2. Insurance information (if applicable).
3. Completed medical history.

Your first examination/consultation appointment, will take up to 1 hour.

