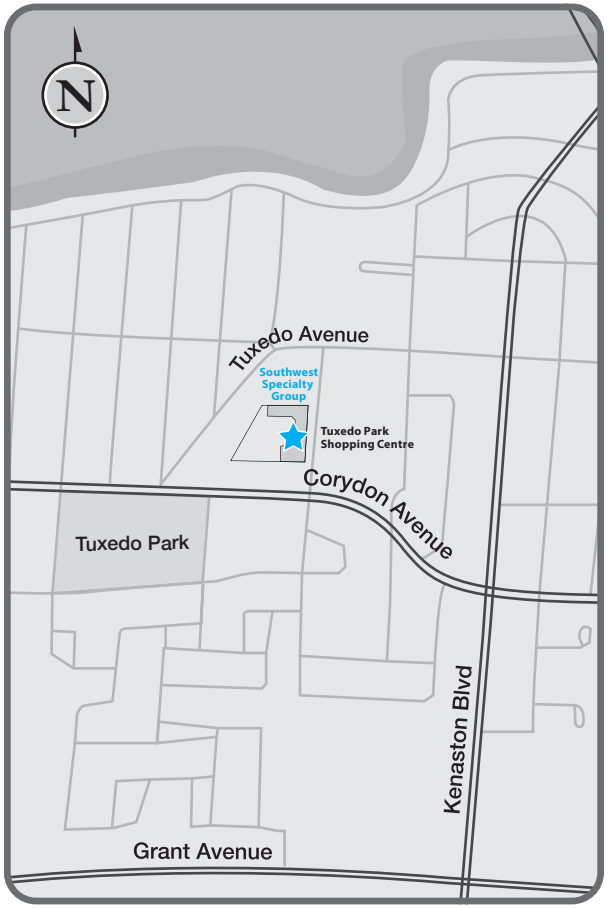
southwest specialty group



120-2025 Corydon Ave
Tuxedo Park Shopping Centre
Winnipeg, MB R3P 0N5
P 204.488.0550 F 204.489.1785

Notes:

PATIENT REFERRAL

southwest specialty group

Collaborating with caring colleagues to achieve the highest quality of patient care in the fields of Periodontics, Oral Implantology, Oral Pathology, Endodontics and Orthodontics.

Dr. Anastasia Cholakis
BA, DMD, Dip. Perio., FRCD(C)

Dr. Vimi S. Mutalik
BDS, MDS, MS, Dip. ABOMP

Dr. John Campbell
D.M.D., M.Sc.

Dr. Carlo Sgarbanti
DDS, MDent (Perio), DABP

Dr. Catherine M. Dale
DMD, Dip. OMS

Dr. John Tsourounakis
DDS, Cert. Perio, MS, FRCD(C)
Diplomate of The American Board of Periodontology

Dr. Jose D. Viquez
DDS, Cert. Prostho., FRCD(C)

Dr. Billy Wiltshire
BChD, BChD (Hons.), MDent, MChD, DSc, FRCD(C), FACD

Dr. Amit Rozenblit
DMD, MDent (Perio), FRCD(C)

Referral Form

Date: _____

Patient's Name: _____

Date of Birth: ____/____/____
dd mm yyyy

Address: _____

Tel: _____ _____
home work

Reason for Referral:

ORAL PATHOLOGY
❑ **Dr. Vimi S. Mutalik**

ORAL & MAXILLOFACIAL SURGERY
❑ **Dr. Catherine Dale**

PROSTHODONTICS
❑ **Dr. Jose D. Viquez**

ORTHODONTICS
❑ **Dr. Billy Wiltshire**
❑ **Dr. John Campbell**

PERIODONTAL CARE
❑ **Dr. Anastasia Cholakis**
❑ **Dr. John Tsourounakis**
❑ **Dr. Carlo Sgarbanti**
❑ **Dr. Amit Rozenblit**

Consultation Re: _____

_____

_____

_____

_____

_____

Relevant History
(Includes any special medical or dental factors)

_____

_____

_____

_____

_____

_____

_____

_____

_____

For Endodontic consideration of the following tooth (teeth)

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
				Right								Left			
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

STATUS:

❑ Pulp exposed and bleeding — medicated dressing placed and temporary filling inserted
❑ Pulp exposed and necrotic material present
❑ Tooth is open for drainage
❑ X-Ray reveals apical radiolucency
❑ Patient has discomfort, please evaluate
❑ Crown/Bridge is cemented
❑ Temporarily ❑ Permanently
❑ Elective Endodontic Therapy
❑ Please leave a Post Space
❑ Radiograph included Dated

❑ Please call patient
❑ Patient will call
❑ Radiographs enclosed
❑ Radiographs to follow
❑ An appointment has been made on

_____

Referring Dentist: _____

Address: _____

Clinic Name: _____

Tel: _____ Work: _____

Email: _____

ssg
southwest specialty group

P 204.488.0550 F 204.489.1785
120-2025 Corydon Ave • Tuxedo Park Shopping Centre
Winnipeg, MB R3P 0N5

Dentist information

Patient information

Welcome New Patients

Putting the needs of the patient first

We would like to welcome you to our office. We are very proud to offer you state of the art treatment under the highest standard of infection control possible, which includes heat sterilization. Your safety is very important to us.

Payment of professional fees

The responsibility for paying any professional fees that are accrued in our office lies with you. We will be happy to provide you with a verbal or written estimate of any upcoming treatment. For your convenience, payment will be accepted by either cash, cheque, money order, Visa, MasterCard, American Express or debit.

Dental insurance

For those patients who have dental insurance, we do not accept payment directly from your insurance company but will be happy to complete your claim form upon receipt of your payment so that you may be reimbursed directly from your insurance company as soon as possible.

If you have financial concerns, we will be happy to discuss them with you or make any alternate financial arrangements.

ssg

www.southwestspecialtygroup.com