WESTSIDE
PERIO AND IMPLANTS


## Dr Marina Kamel

BDS (Otago), FRACDS (GDP), DClinDent (Perio), MRACDS (Perio)

**Specialist Periodontist & Implant Surgeon**

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Patient Name: .....

Patient Phone: ..... DOB: ...../...../.....

Patient Email: .....

Patient Address: .....

Referring Dentist: .....

Clinic Name: .....

Clinic Phone: .....

Clinic Email: .....

Clinic Address: .....

### Reason for Referral:

- ☐ Periodontal Disease
- ☐ Crown Lengthening
- ☐ Canine/Tooth Exposure
- ☐ Periodontal Regeneration
- ☐ Recession Coverage
- ☐ Frenectomy
- ☐ Extraction and Socket Grafting
- ☐ Implant Placement Preferred System(s):.....
- ☐ Peri-implantitis
- ☐ Hard or Soft Tissue Grafting for Implants
- ☐ Sinus Floor Elevation
- ☐ Root Resection or Hemisection

**Further information:** .....

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**Radiographs:** ☐ **OPG** ☐ **PA** ☐ **CBCT** (Attached / View online on: .....)

**Preferred method of reporting:** ☐ **Email** ☐ **Post**

*An electronic copy of this referral form is available on www.westsideperio.com.au*