

# Dr. Jennifer A. Kushner, Periodontist

B.A., B.Sc., D.D.S., M.Sc. (perio), F.R.C.D.C.

Patient \_\_\_\_\_

Telephone \_\_\_\_\_

Referred by \_\_\_\_\_

Appointment date \_\_\_\_\_ Time \_\_\_\_\_

## Patient referred for:

- General Periodontal Assessment \_\_\_\_\_
- Specific Area Examination \_\_\_\_\_
- Crown Lengthening \_\_\_\_\_
- Implant Assessment \_\_\_\_\_
- Other \_\_\_\_\_

## Patient has had (please check all that apply):

- Recent full mouth radiographic survey; Date \_\_\_\_\_
- Partial radiographic survey (No. of films) \_\_\_\_\_ ; Date \_\_\_\_\_
- Panoramic radiograph \_\_\_\_\_
- Patient will bring copy of films to assessment appointment \_\_\_\_\_
- Recent scaling & root planning ( \_\_\_\_\_ months ago) \_\_\_\_\_

## Patient may also require:

- Endodontic therapy
- Prosthodontic therapy
- Orthodontic therapy
- Oral surgery

## Patient's chief concern:

- Esthetics
- Discomfort
- Mobility
- Tooth loss
- Other
- Comments \_\_\_\_\_

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