Dr. Scott B. Yamaoka, d.d.s., m.s.

Treatment Referral

Periodontics and Oral Implantology
Suit e 420 - 2425 Oak Street, Vancouver, BC V6H 3S7
Phone: 604-738-3626 Fax: 604-738-7275
Email: drscottyamaoka@shawbiz.ca
Web: www.healthysmilevancouver.com

REFERRED BY:

Dr. **Date**

INTRODUCING:

Patient

Address

Telephone (Home) (Business)

REASON FOR REFERRAL:

☐ Complete periodontal examination ☐ Specific periodontal examination

☐ Implant therapy assessment.

COMMENTS:

HISTORY AND SPECIAL CONSIDERATIONS
(dental factors, allergies, prophylaxis requirements, specific medical concerns)

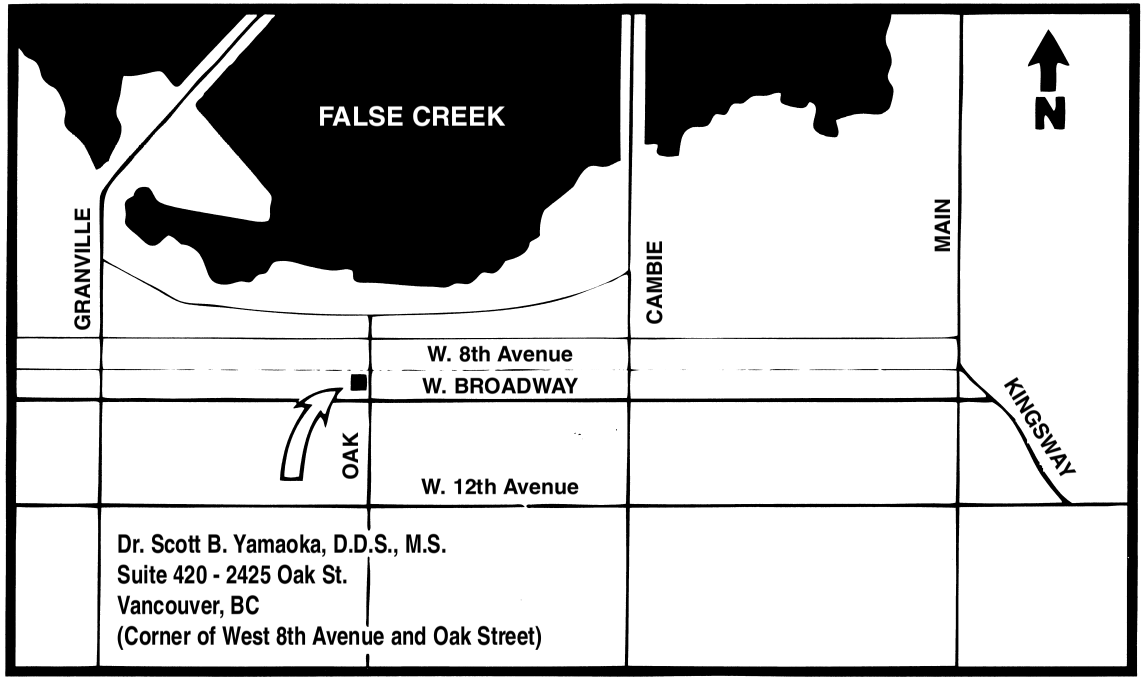
APPOINTMENT STATUS:

☐ Please call patient ☐ An appointment has been made ☐ Patient will call

RADIOGRAPHS:

☐ Enclosed ☐ Patient is bringing ☐ Please return radiographs after use.

Map On Back →


FALSE CREEK
GRANVILLE
CAMBIE
MAIN
N
W. 8th Avenue
W. BROADWAY
OAK
KINGSWAY
W. 12th Avenue
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