Laying the foundation to healthy smiles

Vancouver Island
DENTAL SPECIALISTS

Dr. Sonia Leziy
Dr. Mathieu Nault
Dr. Rouzbeh Memar
Dr. Brahm Miller
Dr. Nathan Cain

REFERRING DENTIST NAME:	REFERRAL DATE: M / D / Y
REFERRING OFFICE:	PHONE:
PATIENT NAME:	DOB: M / D / Y
PHONE:	
EMAIL:	

PERIODONTICS: **Dr. Sonia Leziy Dr. Mathieu Nault Dr. Rouzbeh Memar**

- ☐ IMPLANT CONSULT: SITES TO BE TREATED
- ☐ IMPLANT DISEASE/COMPLICATIONS: SITES TO BE ASSESSED
- ☐ COMPREHENSIVE PERIO CONSULTATION
- ☐ RECESSION: GENERALIZED / LOCALIZED
- ☐ CROWN LENGTHENING: AREA(S)
- ☐ PATHOLOGY: AREA(S)
- ☐ OTHER: EXTRACTIONS, BONE GRAFTS

Please describe condition to be assessed and/or treated:

PROSTHODONTICS: **Dr. Brahm Miller Dr. Nathan Cain**

- ☐ COMPREHENSIVE PROSTHODONTIC EXAM
- ☐ SPECIFIC PROSTHODONTIC EXAM
- ☐ FIXED / REMOVABLE PROSTHESIS

Please describe condition to be assessed and/or treated:

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