

PEAKPROSTHODONTICS

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DR. KENDALL W JAMES

Certified Specialist in Prosthetic Dentistry
BDENT, FRCD (C)

DR. NATHAN CAIN

Certified Specialist in Prosthetic Dentistry
DDS, FRCD (C)

DR. DAYNA ROEMERMANN

Certified Specialist in Periodontic Dentistry
DMD, FRDC(C)

REFERRAL FORM

4 ways to refer: 1) Mail 2) Email 3) Fax 4) Telephone

At **Peak Prosthodontics**, we endeavor to work closely with referring dental practitioners, offering our expertise from diagnosis and treatment planning through to the execution of treatment in all aspects of prosthodontic and periodontic dentistry. For specific cases, we are happy to carry out a particular stage of the treatment if the dentist wishes to complete the remaining treatment themselves. We will keep you informed of the patient's progress at every stage.

PATIENT DETAILS

NAME

D.O.B

ADDRESS

CITY POSTAL

PHONE (H)

(Cell)

E-mail

INSURANCE 1st plan

Carrier:

Group #:

Cert or ID #:

Employer:

Employee:

Holder's DOB:

INSURANCE 2nd plan

Carrier:

Group #:

Cert or ID #:

Employer:

Employee:

Holder's DOB:

REFERRING DENTIST

NAME

PHONE

EMAIL

REASON FOR REFERRAL

Urgent Appointment: yes / no

Clinical details: Brief comments

SERVICES AVAILABLE (please check all that apply):

- Implant placement and restorations, including All-on-Four
- Full Examination and Treatment
- Veneers and All Ceramic Crowns
- Full Mouth Rehabilitation
- Removable Prosthesis
- CT Scanning
- Soft and Hard Tissue Grafting
- Sinus Lift
- Crown Lengthening/Gingivectomy/Frenectomy
- Tori Removal/Vestibular Plasty
- Pre-orthodontic Assessment including Tooth Exposure
- Diagnosis and Management of Oral Lesions/Biopsy