VILLAGE WALK
DENTAL SURGERY & SPECIALTY GROUP

200 Village Walk Boulevard, Suite 100 London, ON N6G 0W8
Tel: 226-636-2222
Email: reception@villagewalkdental.ca

Dr. Tina Kokosis DDS, MS (Perio), FRCD(C)

REFERRAL FORM – PERIODONTAL

Referring Doctor: ____ Office: ________________________________
Patient: ____ DOB: ____________________ Gender: M / F
Address: ____
City: ____ Postal Code: ______________________________
Telephone: (Home) ______________ (Cell) ____________________ Email: ________________________________

Consultation is requested for:

Periodontal *(Consult: $200-$225)*

☐ Comprehensive Periodontal Exam ____
☐ Specific Periodontal Exam ____
☐ Other:
____

Last Recall including Scaling/Root Planing: ________________ Future Recall including Scaling/Root Planing: ___________________

DDS Diagnosis: ____
____

Treatment Provided by Referring
DDS:____
____

Additional Information (ie. reports/findings from outside source) :____
____

Relevant Medical History:

____
____
____

Referral Checklist:

☐ Referral form
☐ PAN
☐ IO Photos & Patient Profile Pic *(if available)*
☐ X-rays - relevant xrays
☐ Tracker Patient Info – including notes from the date of the appointment that prompted referral
☐ Med Hx
☐ Perio Charting
☐ Outside referral reports (ie. CBCT, ENDO, Perio, etc.)
☐ Cancellation Policy-signed by patient
☐ Appointment fees discussed with patient ($200-$225)- and advised that ASSIGNMENT is not accepted. **Patient Initials: __________**

Assignment is NOT accepted, although claims will be submitted electronically on behalf of the patient.

Completed by:

200 Village Walk Boulevard, Suite 100 London, ON N6G 0W8
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Referral Form Completed by:_______________

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Completed by: