



OLD STONY DENTAL  
Periodontics & Endodontics

REFERRED TO: Dr. Mohammad Javaid  
(Periodontist)

REFERRED TO: Dr. Ashraf Abd-Elmeguid  
(Endodontist)

4915B 44 Avenue, Stony Plain, AB T7Z 1V5

T: 780.591.2800 | F: 780.591.2802 | admin@oldstonydental.com

REFERRED BY DR: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_

GENDER:  MALE  FEMALE EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOOTH NUMBER: \_\_\_\_\_

INSURANCE:  No  
 Yes: \_\_\_\_\_  
\_\_\_\_\_

RELEVANT HISTORY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL CONSIDERATIONS: (allergies, oral/intravenous sedation, general anesthesia, etc)  
\_\_\_\_\_  
\_\_\_\_\_

**PERIODONTICS** Please see reverse side for Endodontics

REFERRED FOR:  Complete Examination  
 Dental Implant Therapy Site(s): \_\_\_\_\_  
 Specific Examination Regarding: \_\_\_\_\_  
\_\_\_\_\_  
 Crown Lengthening Site(s): \_\_\_\_\_  
 Gum Grafting Site(s): \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

RADIOGRAPHS:  Specific site radiograph enclosed  With the patient  
 Full Mouth survey/PAN enclosed  None available



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## ENDODONTICS

REFERRED FOR:

- Consultation and treat as necessary
- Endodontic treatment initiated
- Root canal treatment indicated:
  - For proper restoration
  - Pulp exposure
  - Tentative diagnosis
- Evaluation - possible retreatment/surgery
- Trauma

RESTORATIVE INSTRUCTIONS:

- Leave post space

ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

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APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PLEASE COMPLETE THE PATIENT INFORMATION AND MEDICAL HISTORY FORMS  
ONLINE AT [WWW.OLDSTONYDENTAL.COM](http://WWW.OLDSTONYDENTAL.COM) PRIOR TO YOUR APPOINTMENT.

PLEASE CONTACT OUR OFFICE FOR ANY FURTHER INFORMATION.

