



# NORTH CALGARY DENTAL SPECIALISTS

**ENDODONTICS PERIODONTICS**

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Patient Name: \_\_\_\_\_ Patient Number: (H) \_\_\_\_\_

Email: \_\_\_\_\_ (W) \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ (C) \_\_\_\_\_

Referring Doctor Email: \_\_\_\_\_ Doctor Number: \_\_\_\_\_

18	17	16	15	14	13	12	11
48	47	46	45	44	43	42	41

21	22	23	24	25	26	27	28
31	32	33	34	35	35	37	38

**Combined endo/perio consultation to determine best option**

## ENDODONTICS

- Consultation only (DX imaging include)
- Periapical radiolucency
- Pulp exposure
- RCT required for proper restoration
- Evaluation for endodontic surgery/ReTx
- Tooth history includes crack/fracture
- Initial testing indicates RCT necessary
- Patient toothache please evaluate
- CBCT scan only

### Restorative Instructions

- Place cavit/temp access cavity
- Leave post space
- Place final restoration in access cavity
- Do not place orifice barrier
- Crown/bridge is cemented
  - Temporary
  - Permanently
- Crown/bridge is
  - Cerec
  - Porcelain
  - \_\_\_\_\_

### Miscellaneous

- Call me about this case
  - Before consultation
  - After consultation

### Radiographs

- Are being emailed/mailed

## PERIODONTICS

- Implant placement
- Comprehensive periodontal exam
- Specific periodontal exam
- Deep pockets/furcation involvement
- Recession/soft tissue grafting
- Crown lengthening (aesthetic)
- Crown Lengthening (restorative)
- Specific surgical exam
- Unerupted tooth exposure
- Extraction and ridge preservation
- Ridge augmentation
- Sinus lift (direct)
- CBCT scan only

**Please send all pt images with referral**

### Special notes/medical concerns

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