



PERIODONTICS AND PROSTHODONTICS

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DR. BEOM (MICHAEL) PARK

Registered Specialist in Periodontics and
Prosthodontics

DR. CHIUNGYUN (KIRI) CHANG

Registered Specialist in Periodontics

DR. DONGDONG FANG

Registered Specialist in Periodontics

clear-dental.ca

TREATMENT AND PROCEDURES

Dental Implant Placement

Dental Implant Restoration

Fixed Prosthodontics

Veneers

Cosmetic Dentistry

Full-mouth Reconstruction

Bone Grafting / Sinus Lift

Soft Tissue Grafting

Crown Lengthening

Pocket Reduction Surgery

Tooth Exposure

Frenectomy

Treatment of Peri-implantitis

Treatment of Periodontitis

Patient's First Name _____ Last Name _____

Phone _____ Date of Birth _____

Address _____ Postal Code _____

Insurance (Please use the back page if the patient has more than one insurance)

Policy Holder's First Name _____ Last Name _____

Date of Birth _____ Insurance Company _____

Group # _____ ID # _____

REASON FOR REFERRAL

DENTAL IMPLANT CONSULTATION Site(s) _____

Comments: _____

Restoration(s) to be done at: Clear Dental Referring Office

SITE SPECIFIC CONSULTATION Site(s) _____

Comments: _____

FULL MOUTH EVALUATION Periodontics Prosthodontics Both

Comments: _____

RADIOGRAPHS E-mailed With Patient Mailed Date Taken: _____

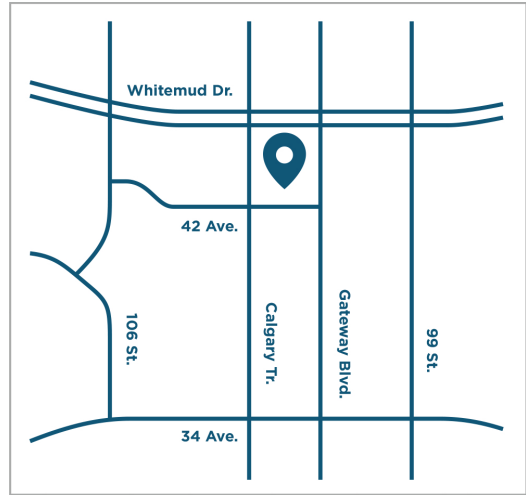
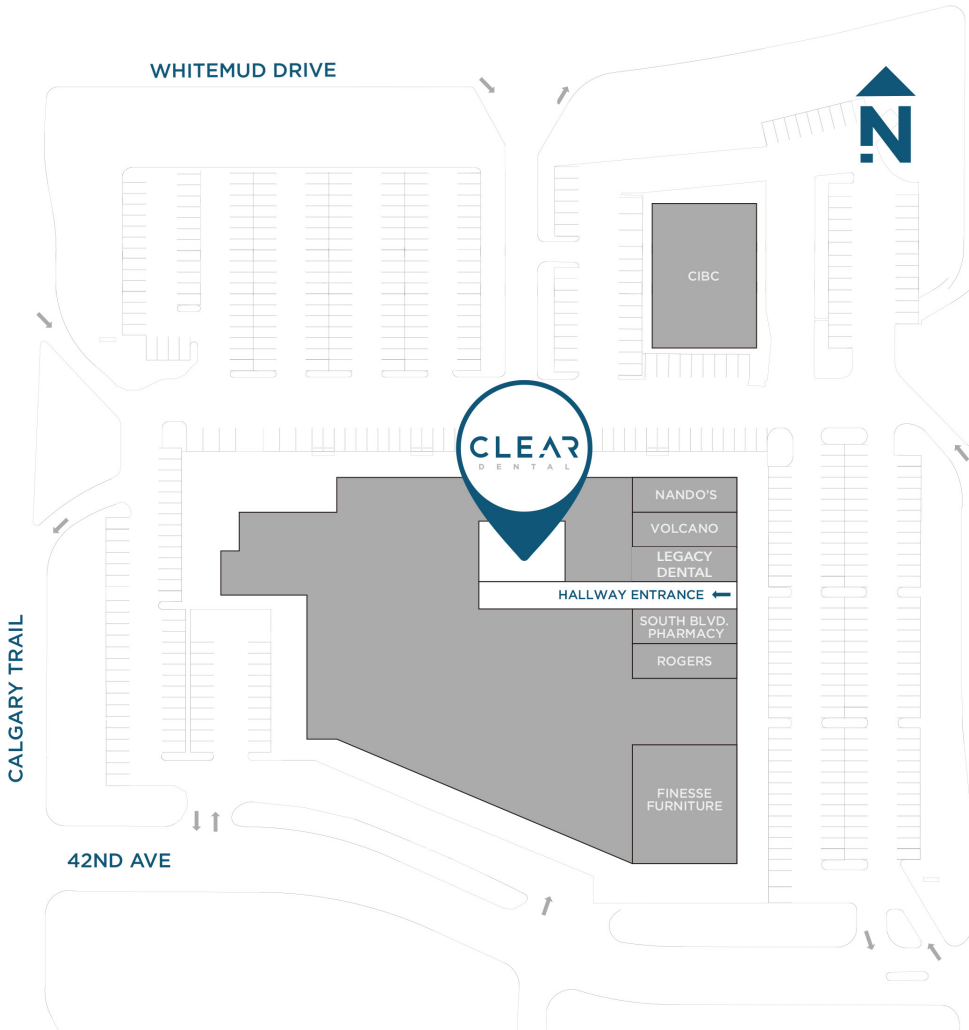
Referred by Dr. _____ Referred Date _____

Referring Office _____ Phone _____

Referred to: First Available Dr. Chang Dr. Fang Dr. Park

Periodontist Periodontist Prosthodontist, Periodontist

We need more referral slips



GATEWAY BOULEVARD

Secondary Insurance Information

Policy Holder's First Name _____

Last Name _____

Date of Birth _____

Insurance Company _____

Group # _____

ID # _____