



*Dr. Nicole L. Mantha*  
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 Specializing in PERIODONTICS

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Dr. \_\_\_\_\_ Office Name: \_\_\_\_\_

PLEASE PRINT AND COMPLETE IN FULL

Introducing: (name) \_\_\_\_\_

(address) \_\_\_\_\_

Postal Code: \_\_\_\_\_

(phone: \_\_\_\_\_ Email: \_\_\_\_\_

(date of birth) \_\_\_ / \_\_\_ / \_\_\_  
M D Y

Please see this patient regarding

Complete periodontal exam  Oral medicine / biopsy

Other / Specific problem area (describe): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medical Considerations: \_\_\_\_\_

Patient needs prophylactic antibiotics: heart murmur, MVP, artificial hip

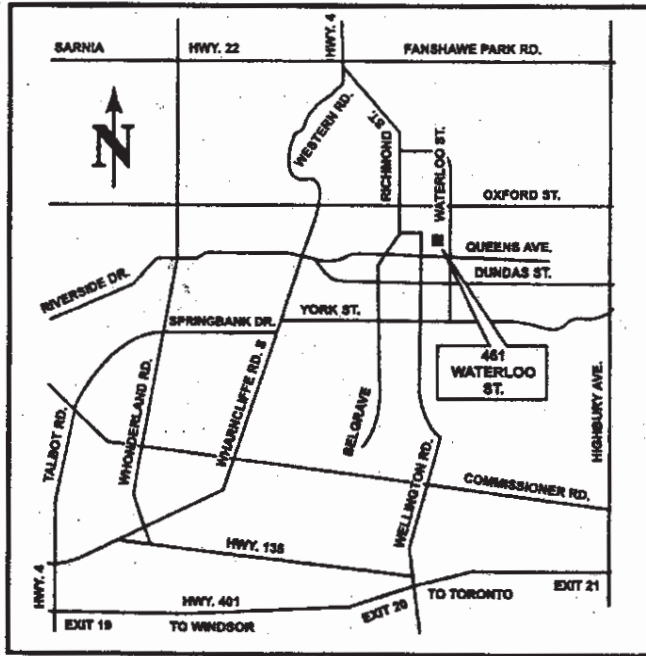
Other: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Radiographs: Please enclose recent periapical and panoramic radiographs only if available.

are attached

no recent radiographs



Note:

Patient status . . . . .  Urgent  A.S.A.P.