



GLICK
periodontics

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Practice Limited to Periodontics and Implant Dentistry

Referring Dr: _____ Date: _____

Referring Dr. Phone & Email: _____

Patient: _____
First Name Last Name

Mobile: _____ Work Phone: _____

Email: _____

Appointment Date: _____ Time: _____

Referred For:

- Extraction
- Implant
- Bone Grafting
- Sinus Lift
- Pathology
- Infection
- Exposure of Impacted Teeth
- Crown Lengthening
- Mucogingival Evaluation
- Temporomandibular Joint Disorders
- Emergency
- Pre-prosthetic / Pre-orthodontic Evaluation

Remarks or Special Instructions: _____

Radiographs:

- Given to Patient
- Please Take
- Emailed to **dental@gumsdrs.ca**

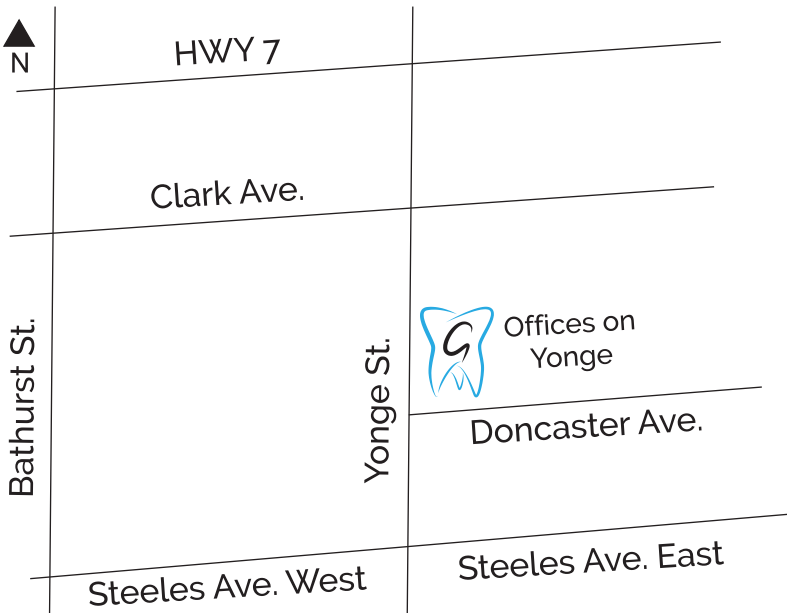
Tel: (905) 764-1313 | **Fax:** (905) 762-1570 | 7191 Yonge St., Suite 702
dental@gumsdrs.ca | glickperiodontics.com | Thornhill, ON. L3T 0C4



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Please bring this referral slip, any/all relevant x-rays, identification and insurance information to your appointment. Kindly provide us with 48 hours notice if you are unable to keep your scheduled appointment.

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Thornhill, Ontario, L3T 0C4**



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FREE UNDERGROUND PARKING
Parking Available on Levels P1, P2, P3