



- Dr. Allan G. Cogan *
- Dr. Adriana Gomez *
- * Denotes a Professional Corporation
- Dr. Gary M. Hyman (Downtown Office only)
- First Available Doctor

- 560-500 Portage Avenue, Winnipeg, MB R3C 3X1
- Unit 110-1605 Regent Ave W. Winnipeg, MB R2C 3B3



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A consultation appointment with our office is recommended prior to treatment.

PLEASE TEAR AT PERFORATION AND GIVE TO PATIENT ↑↑

PERIODONTICS AND IMPLANT DENTISTRY

Date:			
We are referring _____			
Patient:			DOB (m/d/y)
First		Last	
Address			
Ph Home:		Postal Code:	
Ph Work:		Cel:	
Primary Insurance		Secondary Policy Holder	
Name	DOB (m/d/y)	Name	DOB (m/d/y)
Ins Co		Ins Co	
Group #		Group #	
ID #		ID #	

Reason for Referral: _____

- Complete examination and treatment
 - Examination or treatment of specific area:
- Of the following periodontal condition - Area of the teeth in question :
- Localized periodontal problem _____
 - Mucogingival problem _____ Emergency _____
 - Crown Lengthening _____ TMJ/dysfunction _____
 - Implants _____ Oral pathology _____

Specific restorative plan: _____

Recent periapical radiograph(s): _____

- Sending by mail Please take
- Sending with patient Email

Additional comments / medical history: _____

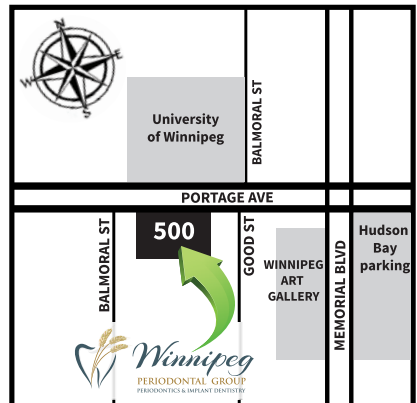
Referred by Dr. _____

Date of Appointment made: _____

PATIENT INSTRUCTIONS

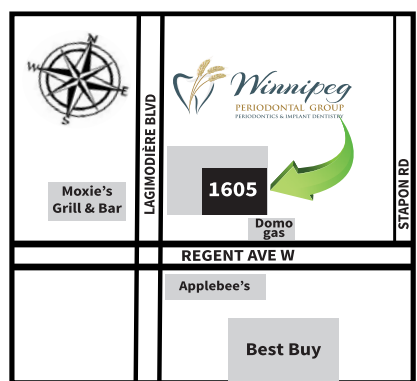
- Please visit our website at www.winnipegperiodontalgroup.com prior to your appointment to fill out your medical history questionnaire if possible.
 - Your medical history will be reviewed with you
 - An examination will be performed
 - The treatment plan will be discussed with you
- Please bring with you:**
- A list of medication being taken or past medical history information
 - Any Dental insurance forms or information
 - Your provincial health card

- 560 -500 Portage Ave
Winnipeg MB
R3C 3X1
- Tel: **(204) 786-5896**
- Fax: **(204) 783-9998**



Heated underground parkade access on Good St.

- Unit 110
1605 Regent Ave W.
Winnipeg, MB R2C 3B3
- Tel: **(204) 786-5896**
- Fax: **(204) 783-9998**



Your Appointment:

Date: _____

This time has been reserved for you.
 Rescheduling/Cancelling appointments requires 48 hours notice.
 Insufficient notice may result in a cancellation fee.