Dr. Scott Martyna, DMD, MHA, FRCDC, FACS
Dr. Gordon Wong, DMD, FRCDC, Dip ABOMS
Certified Specialists in Oral & Maxillofacial Surgery

reception@kelownaoralsurgery.com Phone: 778-484-7275 Fax: 778-484-7276 #412 - 2755 Tutt Street Kelowna BC V1Y 0G1

KELOWNAORALSURGERY.COM

REFERRAL TO: Dr. Martyna Dr. Wong No Preference			
PATIENT INFORMATION			
Name: G	uardian (if applicable):		
Address:	Sex: Male Female		
Email: Ph	none: Date of Birth: / Y		
REFERRING DOCTOR Name/Office	Office Phone:		
Today's Date: D/M/Y Please call patient to schedu			
Radiographs / Photos: Emailed Mailed Patient Wil	Bring Please Take New Ones		
Tooth #'s or areas to be treated (please also indicate on diagram):		
0 CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	0 1 22 23 24 25 36 27 38 32 33 34 25 36 37 38 33 34 35 36 37 38 35 54 53 52 51 61 62 63 64 65 55 54 53 52 51 61 62 63 64 65 55 54 53 52 51 61 62 63 64 65		
PROCEDURE(S) OR CONSULTATIONS REQUESTED	MANAGEMENT, MEDICAL OR TREATMENT COMMENTS		
Extractions: Discuss replacement with dental implant(s)? Yes No			
Preprosthetic (Alveoplasty, frenectomy, etc.)			
☐ Trauma ☐ TMD ☐ Pathology/Biopsy			
☐ Cleft Lip and Palate ☐ Exposure / Bond			
Orthognathic Surgery			
Other			
DENTAL IMPLANTS Implant Type: Straumann Astra Nobel Other Digital Implant Impression Lab: Immediate provisional will be provided by:			

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ADDITIONAL CLINICAL NOTES:

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