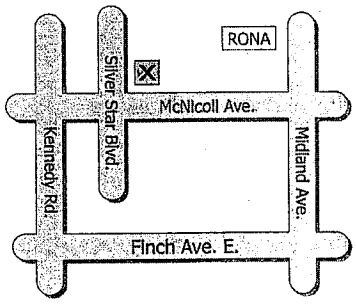
Dr. Po Fong Yang D.D.S., Dip. Perio.

Gum Specialist

Suite 201,
385 Silver Star Blvd.
Toronto, Ont., M1V 0E3
416-321-1225



Date: _____

Introducing: _____

Referral information:

- ☐ Complete exam / treatment
- ☐ Specific exam / treatment
- ☐ Recession and sensitivity
- ☐ Implant consultation
- ☐ Please take radiographs
- ☐ Radiographs being sent with patient
- ☐ Need prophylactic antibiotics

Prosthetic plan: _____

Remarks: _____

_____

Referred by:

Dr. _____

Tel: _____