

Introducing _____

Tel # _____ Date _____

Call Patient _____ Patient Will Call _____

Referred by Dr. _____

To: Dr. Jana-Marie Koylass

Examination desired:

Complete Localized _____ area

Emergency _____ area

Tpi Dental | Trinidad Periodontal
and Implant Centre

Gum Treatments • Dental Implants • Cosmetic Dentistry

1 868 222 6022 • 1 868 290 4770

#65 Independence Avenue, San Fernando

#1A Stephens Road, Long Circular Maraval

tperiodontist@gmail.com

www.tperio.com

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

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Special Concerns:

Restorative/prosthetic treatment projections:

Please take necessary radiographs

X-rays sent/attached