



Certified Specialist In Periodontics

Dr. Ronald Fulton

D.M.D., DIP. PERIO., M.R.C.D. (C)

Dr. Victor Mak

D.D.S., M.S.D., F.R.C.D. (C), DIP. OF ABP

Willowbrook Professional Centre
#204 – 6351, 197th Street,
Langley, BC V2Y 1X8

T. 604.532.1080

F. 604.532.1072

Date

Time

Patient Name _____

Birthdate _____

Address _____

Telephone: Res: _____ Business _____

Referred by Dr. _____ Tel: _____

Date of Referral _____

Please note: 48 business hours notice required to cancel or re-schedule an appointment

Dr. Preference: Dr. Fulton
 Dr. Mak
 First Available Appointment

PAYMENT REQUIRED AT INITIAL EXAMINATION*

Insurance Member _____

Dental Insurance Co. _____

Group Number _____ Div. No. _____

ID/Certificate No _____

Dependent No. _____ % _____

Comprehensive Periodontal Examination
 Full-mouth radiographic survey enclosed
 Please take new radiographic survey & remit copy

Limited Periodontal Consult* (One Quad)
(Please comment on specific location and nature of problem)
Comments _____

NOTE: PLEASE ALWAYS SEND RADIOGRAPHS FOR AREA IN QUESTION