Peter C. Fritz B.Sc., D.D.S., F.R.C.D.(C), Ph.D.(Perio), M.B.A
Certified Specialist in Periodontics

Luisa Schuldt D.D.S., M.Sc., F.R.C.D. (C)
Certified Specialist in Periodontics

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Fonthill, ON
L0S 1E5

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FAX **905-892-0005**

EMAIL
admin@drpeterfritz.com

Introducing: _____

Primary Contact Number: _____

Secondary Contact: _____

Preferred Periodontist: O Dr. Peter C. Fritz O Dr. Luisa Schuldt O Earliest Available

Area(s) of Treatment:

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Service Required
(please check all that apply):

Implant Surgery
- O Implant Consultation
- O Atraumatic Extraction/ Socket Preservation
- O Implant Maintenance

Soft Tissue Surgery
- O Evaluate Recession/ Thin Tissue
- O Frenectomy

Periodontal Wellness
- O Comprehensive Periodontal Examination
- O Localized Area(s)
- O Esthetic/Surgical Crown Lengthening

Orthodontic Related Treatment
- O Tooth Exposure

Pathology
- O Assess Area(s) Noted

CBCT
- O 3D imaging required

Radiographs
- O No current diagnostic radiographs available
- O Radiographs being sent:
  - O By Email
  - O By Regular Mail
  - O With Patient

Referred by: _____

DATE: _____

To prepare for your visit, please find us at **drpeterfritz.com**

Appt DATE: _____

Appt TIME: _____

Notes:

French, Spanish, German, Italian & Portuguese spoken

Wheelchair Accessible

Free Parking

Latex Free Office

PERIODONTAL WELLNESS & IMPLANT SURGERY