Dr. D. Karastathis Inc.

Suite 805 - 805 West Broadway
Vancouver, BC V5Z 1K1
P: 604.875.1822
F: 604.875.1878
E: info@broadwayperio.com

Certified Specialist in Periodontics

Date: _____

Patient's Name: _____

D.O.B.(Day/Month/Year): _____

Patient's Phone (Daytime): _____

(Evening): _____

Area of concern: _____

Reason for referral: _____

_____

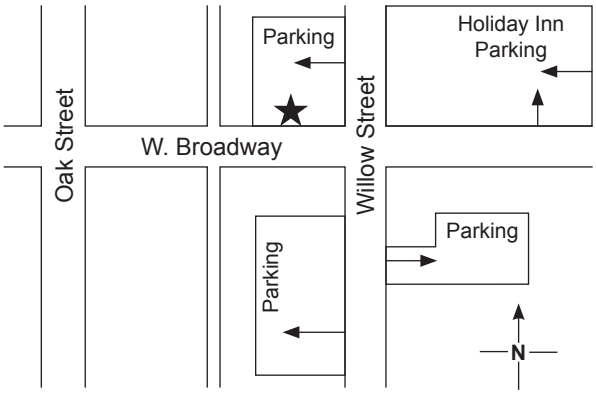
_____

_____

Radiographs: ☐Enclosed ☐Emailed ☐With Patient ☐To Be Mailed

Referral Name: _____

Referral Phone: _____



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APPOINTMENT

DATE: _____

TIME: _____