



ORLEANS PERIO

PERIODONTICS | ENDODONTICS | IMPLANT DENTISTRY

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Referred by: Dr. _____

Tel : _____

Date : _____

Introducing : Mr. Mrs. Ms. _____

Tel : (H) _____

(C) : _____

Patient Email : _____

Dr Nawar Touchan DMD, FRCD(C)

Dr Martin Lin DMD, FRCD(C)

General Periodontal
Evaluation

Emergency

Specific Evaluation

Soft Tissue Graft/
Frenectomy

Implant Consultation

Straumann

3i

Noble

Comments : _____

If this is your first visit to our office,
please arrive **15 minutes** before your scheduled
appointment to fill out a medical form.

We require **2 Business Days'** notice to change
an appointment.



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