ClearCare Periodontal & Implant Centre

Dr Marshall D Hoffer DMD
Prosthodontist

2nd Floor - 191 River Avenue
Winnipeg, MB, R3L 0B1
Phone: 204.421.9236
Fax: 204.421.9206
Email: info@clearcareperio.com
www.clearcareperio.com

Referring Doctor:_____

☐ Please call patient to schedule a consultation

☐ Scheduled for: Date:_____Time:_____

Recent Radiograph: ☐ Sent w/Patient ☐ Sent by Mail ☐ Emailed ☐ Please Take

☐ CBCT Available

Patient Information

Name: _____D.O.B. ___/___/___ (mm/dd/yyyy)

Med Alerts:_____

Phone:(h) _____(w) _____

Email Address: _____

Primary Insurance Information:

Subscriber:_____D.O.B.___/___/___ (mm/dd/yyyy)

Carrier: _____Grp#_____

ID#_____

Secondary Insurance Information:

Subscriber:_____D.O.B.___/___/___ (mm/dd/yyyy)

Carrier: _____Grp#_____

ID#_____

Reason for Referral

☐ ClearCare Implant Program

Tooth #_____ ☐ Assess for Comprehensive plan

Do you wish to restore the implant.? ☐ Yes ☐ No

Preferred implant system_____ ☐ No preference

Impression and Lab supervision by ☐ Clearcare ☐ Referring Doctor

Final Prosthesis delivered by ☐ Referring Doctor ☐ Clearcare

☐ Crown & Bridge ☐ Complete or partial removal of dentures

Tooth # _____

☐ Occlusion & TMJ

_____

_____

We appreciate the opportunity to work with you and aim to return your patient back to your care at their best periodontal health.

Thank You for your Referral

Free Patient Parking Available

in Front of the Building

Hours of Operation

Monday to Friday 8:00 am to 5:00pm
Closed: Weekends and Holidays

Scan the QR Code on your smart phone to find us!

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