

## Referral Card



**PERIODONTAL & DENTAL IMPLANT CENTRE**

Dr. E. Michael Wilby Inc.  
Dr. J.W. Martin Kim Inc.  
Dr. Cynthia Yee Inc.

*Certified Specialist in PERIODONTICS  
IMPLANT DENTISTRY*

# REFERRAL

NEW PATIENT: \_\_\_\_\_

DATE: \_\_\_\_\_

HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

BUS TEL: \_\_\_\_\_

INSURANCE CO., \_\_\_\_\_

GROUP # \_\_\_\_\_ ID # \_\_\_\_\_

- Implant related consultation and treatment
- Periodontal consultation and treatment
- Specific area only
- Consultation only

Areas of concern:

- Patient to call to arrange an appointment
- Appointment Date \_\_\_\_\_
- X-Rays     Sent     Given to Patient

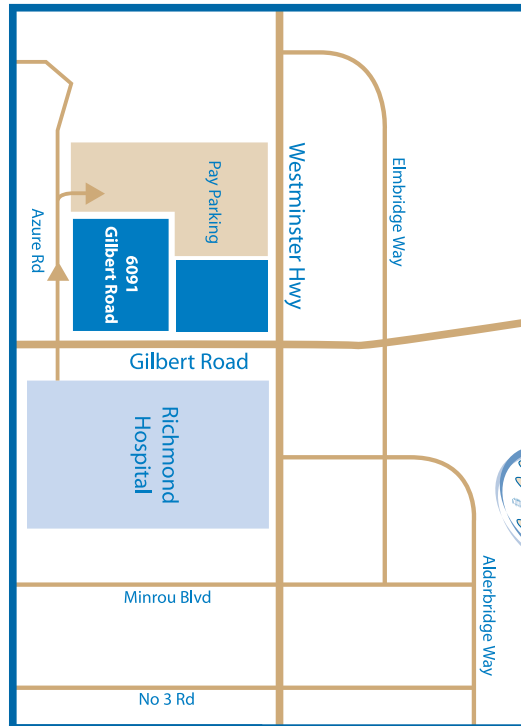
REF. DOCTOR: \_\_\_\_\_

TEL: \_\_\_\_\_

Richmond Health Sciences Centre  
Suite 800 - 6091 Gilbert Road  
at Westminster Hwy  
Richmond, BC V7C 5L9

Tel: 604.270.9088  
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email: drmartinkim@shaw.ca  
www.implantperio.ca

**Map**



**OCEAN PERIODONTAL & DENTAL IMPLANT CENTRE**  
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