



PERIODONTAL & DENTAL IMPLANT CENTRE

**Dr. E. Michael Wilby Inc.
Dr. J.W. Martin Kim Inc.**

*Certified Specialist in PERIODONTICS
IMPLANT DENTISTRY*

REFERRAL

NEW PATIENT: _____

DATE: _____

RES TEL: _____

BUS TEL: _____

- For Implant related consultation
- For Periodontal consultation only
- For Periodontal consultation and treatment

Specific

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

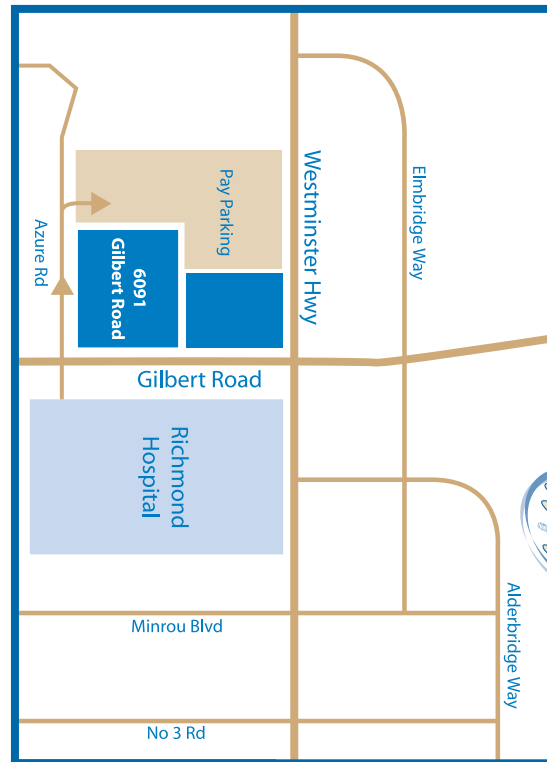
REF. DOCTOR: _____

TEL: _____

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at Westminster Hwy
Richmond, BC V7C 5L9

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Email: dremichaelwilby@shaw.ca
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Map



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