

Paul Jackson, CD, DDS, MSc, FRCD(C)
Periodontist

Phone: 519-646-6022 Fax: 519-432-6527

Email: dental@sjhc.london.on.ca

Referring dentist (please print): _____ Date: _____

Dentist's phone: _____ Fax: _____ Email: _____

Introducing: _____ Date of Birth (MM/DD/YY): _____

Address: _____ City: _____

Postal Code: _____ Home Phone: _____ Other (Bus/Cell): _____

Referred for Generalized Assessment: _____

Specific Area (Describe): _____

Comments: _____

X-Rays enclosed: YES NO Emailed: YES NO

Patient requires prophylactic antibiotics: heart murmur, MVP, artificial Joint: YES NO

Dental Insurance: YES NO if yes, insurance details: _____

Scheduled appointment: _____ Please Contact patient: YES NO

Appointment Location:

St. Joseph's Family Medical & Dental Centre
346 Platts Lane
London, ON N6G 1L1

Mailing Address:

St. Joseph's Health Care London
Family Medical & Dental Centre
P. O. Box 5777, Stn. B
London, ON N6A 4V2

