

Dr.

TOM WIERZBICKI

DDS FRCD(C)

DR. TOM WIERZBICKI* - PERIODONTIST

BSc., MSc., DDS, MDent(Perio), FRCD(C)
Registered Specialist in Periodontics

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* denotes professional corporation

PERIODONTAL PLASTIC SURGERY & IMPLANT DENTISTRY

DATE _____

PATIENT CONTACT INFORMATION

PATIENT NAME _____ CELL PHONE _____

EMAIL ADDRESS _____ WORK PHONE _____

REASON FOR REFERRAL

DENTAL IMPLANTS

- Single / Multiple Full Arch Replacement / All-on-4® / Pro Arch

SOFT & HARD TISSUE REGENERATION

- Gingival Grafting & Root Coverage Bone Grafting / Sinus Lift

AESTHETIC & RESTORATIVE PERIODONTAL DENTISTRY

- Restorative Crown Lengthening Treatment of Excessive Gingival Display

PERIODONTAL & PERI-IMPLANT DISEASE THERAPY

- Non-Surgical Therapy Surgical Therapy
 Wisdom Tooth Removal Implant Removal

PRE-PROSTHETIC TREATMENTS

- Extractions with Ridge Preservation Ridge Reduction / Tori Removal

ORTHODONTIC ADJUNCTIVE PROCEDURES

- Frenectomy Tooth Exposure
 TAD Placement Periodontally Accelerated Osteogenic Orthodontics (Wilckodontics®)

ORAL PATHOLOGY

- Oral Biopsies Diagnosis & Management of Oral Lesions

SEDATION PROCEDURES

- Oral & Nitrous Sedation IV (Intravenous) Sedation

INVOLVED TEETH / SITES

55	54	53	52	51	61	62	63	64	65						
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
85	84	83	82	81	71	72	73	74	75						

DIRECTIONS

The clinic is located in the community of West Springs in Calgary's west end, which is easily accessible via 17th Avenue, Bow Trail, Old Banff Coach Road and the new Calgary west LRT.

We are situated on the 3rd floor of the West 85th Professional Centre, which features Waves Coffee on the main floor.



ADDITIONAL COMMENTS / RESTORATIVE PLAN

REFERRING DOCTOR / CLINIC _____

PHONE _____ EMAIL ADDRESS _____