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Certified Specialist in Periodontics

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Contact Number: _____

Introducing: _____

Email: _____

Area of Treatment

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

Service Required (please tick)

Implants

- Implant Consultation
- Atraumatic Extraction / Socket Preservation
- Implant Maintenance

Periodontal Plastic Surgery

- Evaluate Recession / MAG
- Frenectomy
- Crown Lengthening

Reconstructive Periodontics

- Comprehensive Periodontal Examination
- Exam and Treatment of Area(s) Noted

Dental Anxiety

- Patient interested in sedation

Orthodontic Related Treatment

- Pre-orthodontic Periodontal Examination
- Tooth Exposure
- Assess for Tissue Graft / Frenectomy

Radiographs

- No current diagnostic radiographs available
- Radiographs being sent
 - By Email
 - By Regular Mail
 - With Patient

Pathology

- Assess Area(s) Noted
- Biopsy

Referred By

Dr: _____
Hygienist: _____
Date: _____

Notes



French, Italian & German Spoken



Wheelchair Accessible



Free Parking



A Latex Free Office

For directions to our practice and to prepare for your visit please visit us at

www.drpeterfritz.com