



Dental Specialists of Windsor

Dr. Lesli K. Hapak  
Periodontist

Phone 519-974-0230

Email [reception@drhapak.com](mailto:reception@drhapak.com)

Fax 519-974-5907

Referring: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

Date: \_\_\_\_\_ Dr. Telephone: \_\_\_\_\_

1. Referred for:  General Periodontal Exam \_\_\_\_\_  
 - next recare appointment is \_\_\_\_\_  
 Specific Periodontal Exam \_\_\_\_\_  
 T.M.J. / Facial Pain \_\_\_\_\_  
 Implants  
 Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Radiographs Sent:  Periapical  Panorax  
 Other \_\_\_\_\_  
 Return Originals:  Yes  No

The following appointment has been reserved for

Date: \_\_\_\_\_ Time: \_\_\_\_\_

*Please fax or email the referral prior to the patient's appointment*

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Suite 100  
Windsor, Ontario  
N8S 1M6