Referral Information

Patient's Name: ______________________________
Referring Doctor's Name: ______________________________
Referring Doctor's Phone: ______________________________
Referring Doctor's Email: ______________________________
Date: ______________________________

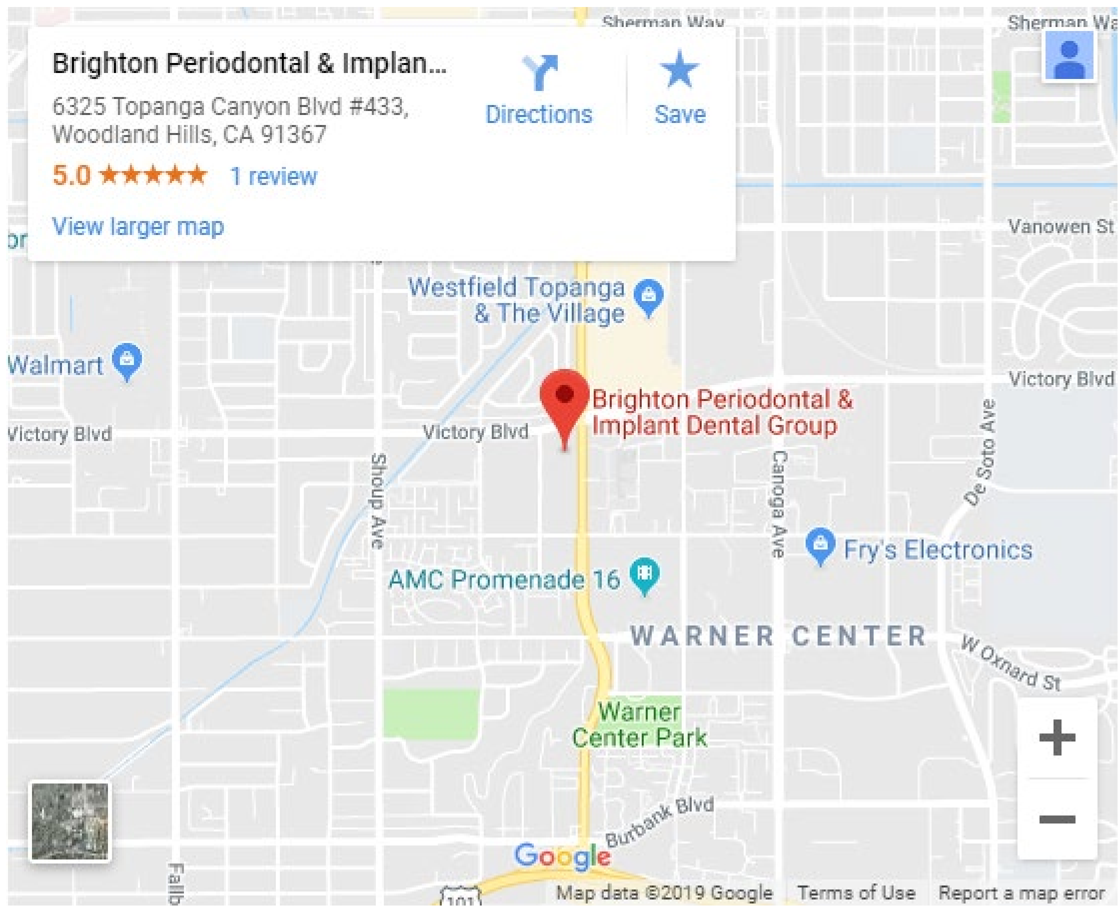
Reason for Referral

Comprehensive Periodontal Care
Periodontal Regeneration
Treatment of Gingival Recession
Esthetic Tissue Contouring
Treatment of Excessive Gingival Display (Gummy Smile)
Crown Lengthening
Implant: site ____________
Peri-Implant Disease Therapy
Alveolar Ridge Augmentation
Sinus Augmentation
Extraction
Ridge Preservation Socket Grafting
All-On-4 Implant Therapy
Vestibuloplasty
Surgically Facilitated Orthodontic Therapy (SFOT)
Mucosal Pathology
Osseous Pathology

History of Periodontal and Implant Therapy

Prophylaxis
Scaling and root planing **Date:** ____________
Periodontal Surgery **Site:** ____________ **Date:** ____________
Tooth Extraction **Site:** ____________ **Date:** ____________
Bone Graft **Site:** ____________ **Date:** ____________
Dental Implant **Site:** ____________ **Date:** ____________

Comments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6325 Topanga Canyon Blvd #433,
Woodland Hills, CA 91367
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1 review
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Implant Dental Group
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Fry's Electronics
AMC Promenade 16
WARNER CENTER
W Oxnard St
Warner
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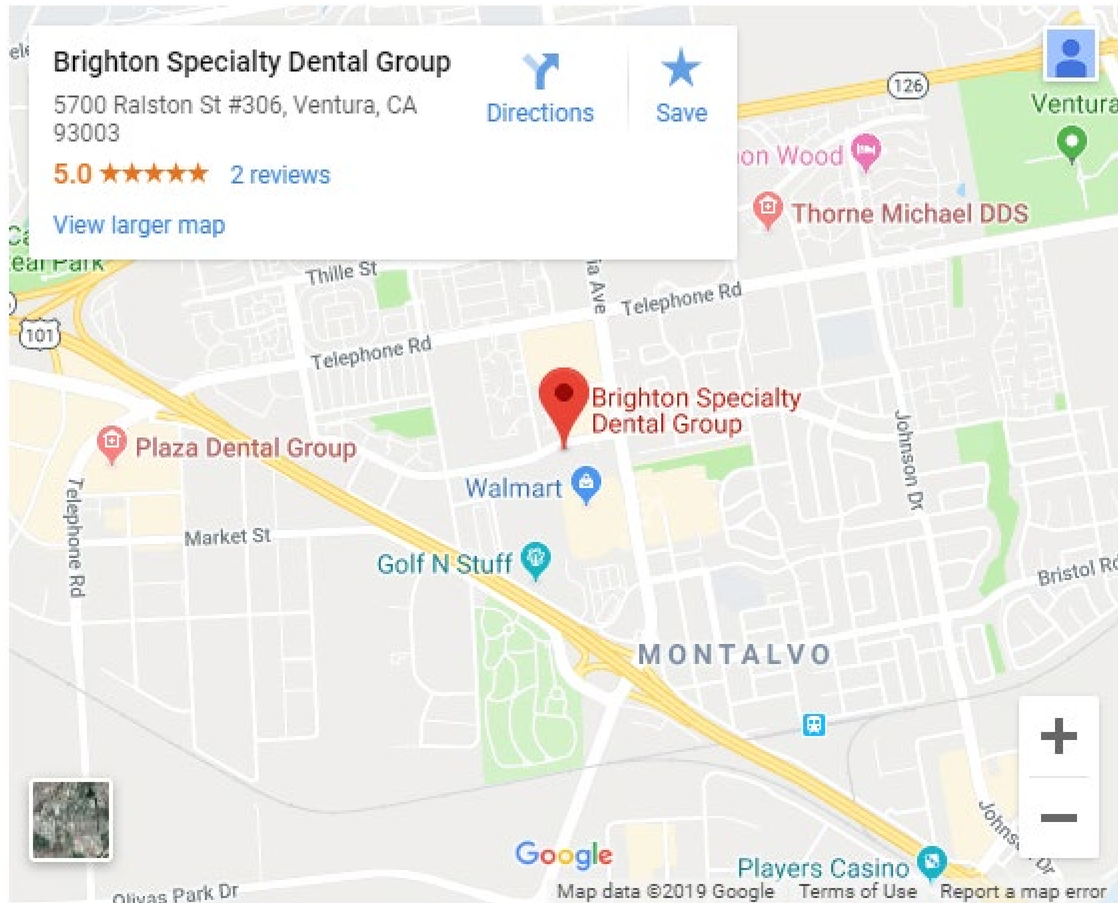
Brighton Specialty Dental Group
5700 Ralston St #306, Ventura, CA
93003
5.0 ★★★★★
2 reviews
Directions
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