



Nooshin Ghayoumi D.D.S.
DIPLOMATE, AMERICAN BOARD OF PERIODONTOLOGY
Patient Referral Slip

Introducing:

Referring Doctor:

Phone Number:

Date:

I AM REFERRING THIS PATIENT FOR:

Complete Periodontal Evaluation & Treatment

Implant Consultation

Single tooth replacement Implant supported Fixed Partial denture Implant supported over denture

Limited Periodontal Evaluation Tooth Number:

Crown Lengthening Tooth Number:

Bone Graft

Recession / Tissue Grafting

Periodontal Plastic Surgery

Frenum Problem

Other:

PERIODONTAL TREATMENT DONE BY REFERRING OFFICE

Root Planing and Scaling

UR / UL / LR / LL

Date Completed:

RADIOGRAPHS: (FMX BWX PA'S)

Being Sent

Please Take

COMMENTS OR RESTORATIVE PLAN:

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