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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:

\_\_\_\_\_
\_\_\_\_\_