

Erik C. Low, D.M.D., M.S., Inc.
Howard B. Low, D.D.S., Inc.
GREGORY CHAN D.D.S., M.M.S
PERIODONTICS / IMPLANTS

1565 Hollenbeck Avenue, Suite 108
 Sunnyvale, CA 94087
 Ph 408-746-3878 • Fax 408-746-0549

Patient Referral Slip

Patient Name _____

Patient Phone (____) _____ - _____ Referral Date ___/___/___

Referring Doctor _____

Reason for Referral: (please mark)

- | | |
|--|--|
| <input type="checkbox"/> Periodontitis | <input type="checkbox"/> Implants |
| <input type="checkbox"/> Gingival Grafting | <input type="checkbox"/> Perioscopy |
| <input type="checkbox"/> Crown Lengthening | <input type="checkbox"/> Exam/Consultation |
| <input type="checkbox"/> Bone graft/Ridge augmentation | |

Areas of concern: (please mark areas) All Areas

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Please send most current available X-rays: (please mark)

- FMX Panorex PAs or BWs

Date of X-rays _____ Will be sent Patient will bring

Please take any necessary X-rays

Comments: _____

Please call after patient's initial examination

Patient's Copy

