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PERIODONTICS / IMPLANTS
1565 Hollenbeck Ave, Ste 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)

❑ **Periodontitis** ❑ **Implants**

❑ **Gingival Grafting** ❑ **Perioscopy**

❑ **Crown Lengthening** ❑ **Exam/Consultation**

❑ **Bone graft/Ridge augmentation** ❑ **LANAP**

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


101
N
82
W. El Camino Real
85
W. Remington Drive
W. Fremont Avenue
The Dalles
Howard Low DDS Inc
1565 Hollenbeck Ave
Ste. 108
Serra
Park
Hollenbeck
Dental Center
Safeway
Loehmann's
Shopping Plaza
W. Homestead Road
85
280
Stevens Creek Blvd.
Foothill Expressway
Hollenbeck Avenue
Stelling Rd.
Mathilda Ave.
Saratoga-Sunnyvale Road
De Anza Blvd.