



**Nooshin Ghayoumi D.D.S Inc.**  
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## Patient Referral Slip

Introducing:

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Referring Doctor:

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Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 \_\_\_\_/\_\_\_\_/\_\_\_\_

Date:

**I AM REFERRING THIS PATIENT FOR:**

**(Remarks)**

- Complete Periodontal Evaluation & Treatment
- Implant Consultation
  - Single tooth replacement     Implant supported Fixed Partial denture     Implant supported over denture
- Limited Periodontal Evaluation Tooth # \_\_\_\_\_
- Crown Lengthening Tooth # \_\_\_\_\_
- Bone Graft
- Recession / Tissue Grafting
- Periodontal Plastic Surgery
- Frenum Problem
- Other:

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**PERIODONTAL TREATMENT DONE BY REFERRING OFFICE**

- Root Planing and Scaling  
 UR / UL / LR / ALL    Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**RADIOGRAPHS:**    (FMX \_\_\_\_\_ BWX \_\_\_\_\_ PA'S \_\_\_\_\_ )

- Being Sent
- Please Take

**COMMENTS OR RESTORATIVE PLAN:**

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