



**Rodica S. Grasu, DDS, MS**

**Periodontics and Implant Surgery**

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PATIENT REFERRAL FORM

Date

Referring doctor

Patient name

Pt. Phone #

Reason for referral:

- Complete periodontal consultation and treatment
- Implant consultation and treatment planning area
- Soft tissue grafting tooth # or area
- Crown lengthening for restoration tooth # or area
- Crown lengthening for esthetics tooth # or area
- Extraction
- Ridge augmentation
- Accelerated Osteogenic Orthodontics
- Other

**Radiographs:**

- FMX Dated   Radiographs will be mailed/emailed
- BW's Dated   Patient will bring radiographs
- Take radiographs

**PERIODONTAL TREATMENT COMPLETED IN YOUR OFFICE:**

- Plaque control and Instruction
- Prophylaxis and gross scaling Date:
- Scaling and root planing Date:

Comments

Referred by