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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
- CBCT Dated
- BW's Dated
- Pano Dated
- 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