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Gum Specialist

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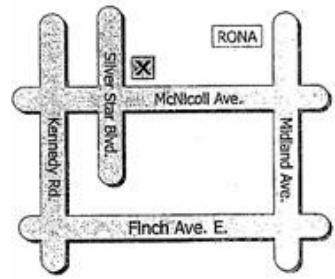

Date: _____

Introducing: _____

Referral information:

- ☐ Complete exam / treatment
- ☐ Specific exam / treatment
- ☐ Recession and sensitivity
- ☐ Implant consultation
- ☐ Please take radiographs
- ☐ Radiographs being sent with patient
- ☐ Needs prophylactic antibiotics

Prosthetic plan: _____

Remarks:

Referred by:

Dr. _____

Tel: _____