FUSION
DENTAL SPECIALISTS

PERIODONTICS REFERRAL FORM

Date

Patient Name

Contact Number Contact email

Referred by Dr.

Referred to: ☐ Dr. Nguyen ☐ Dr. Stathopoulou ☐ Dr. Weesner ☐ First Available

REFERRAL FOR:

- ☐ Comprehensive Periodontal Evaluation
- ☐ Implant Consultation
- ☐ Crown Lengthening
- ☐ Esthetic Crown Lengthening
- ☐ Gingival Recession Consultation
- ☐ Other

RADIOGRAPHS:

Current radiographs are necessary and will be taken if not available.

☐ Mailed on: ☐ Please take

☐ e-mailed: scheduling@fusiondentalspecialists.com

P: 503.653.2299

M: scheduling@fusiondentalspecialists.com

Location:

Mount Scott II Professional Center
9300 SE 91st Avenue, Suite 403
Happy Valley, Oregon 97086