

FUSION

DENTAL SPECIALISTS

PERIODONTICS REFERRAL FORM

Date			
Patient Name			
Contact Number		Contact email	
Referred by Dr.			
Referred to:	Dr. Nguyen	Dr. Stathopoulou	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

