MAYFLOWER
PERIODONTICS AND IMPLANT CENTER

Introducing: _____

Referring Dr:_____ Date:_____

Referred for:

Area of Treatment: _____

- ☐ Periodontal Disease (LANAP)
- ☐ Recession (Tissue Graft)
- ☐ Crown Lengthening
- ☐ Esthetic Gingival Recontouring
- ☐ Frenectomy / Canine Exposure
- ☐ Dental Implant
- ☐ All-on-X
- ☐ Peri-Implantitis (LAPIP)
- ☐ Oral Pathology (Biopsy)
- ☐ Other:_____

Comments: _____

_____

_____

Current X-rays/CBCT: ☐ Sent By Email ☐ Sent with Patient ☐ Take as Needed

Dr. Refahi

Dr. Shaikh

Location:

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