



MAYFLOWER

PERIODONTICS AND IMPLANT CENTER

Introducing: _____

Referring Dr: _____ Date: _____

REFERRED FOR:

Area of Treatment: _____

- | | |
|---|---|
| <input type="checkbox"/> Periodontal Disease (LANAP) | <input type="checkbox"/> Dental Implant |
| <input type="checkbox"/> Recession (Tissue Graft) | <input type="checkbox"/> All-on-X |
| <input type="checkbox"/> Crown Lengthening | <input type="checkbox"/> Peri-Implantitis (LAPIP) |
| <input type="checkbox"/> Esthetic Gingival Recontouring | <input type="checkbox"/> Oral Pathology (Biopsy) |
| <input type="checkbox"/> Frenectomy / Canine Exposure | <input type="checkbox"/> Other: _____ |

Comments: _____

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



DR. REFAHI



DR. SHAIKH

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Diplomates of the American Board of Periodontology & Implant Dentistry