



PRISTINE

PERIODONTICS AND IMPLANTS

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Diplomate of The American Board of Periodontology

Introducing _____ Date _____

REQUIRES PREMEDICATION

REASON: _____

- | | |
|---|--|
| <input type="checkbox"/> Implant Consult | <input type="checkbox"/> Periodontal Evaluation |
| <input type="checkbox"/> Gingivectomy/Crown Lengthening | <input type="checkbox"/> Recession/Mucogingival Defect |
| <input type="checkbox"/> Expose Impacted Teeth | <input type="checkbox"/> Peri-implantitis |
| <input type="checkbox"/> Frenectomy | <input type="checkbox"/> Oral Medicine Consult |

Area of concern: _____

Do you have specific restorative plans? Yes No

COMMENTS _____

Referred by Dr. _____

- | | |
|--|---|
| <input type="checkbox"/> Please call before consultation | <input type="checkbox"/> Sending X-Rays to frontdesk@pristineperioimplants.com |
| <input type="checkbox"/> Please call after consultation | <input type="checkbox"/> X-Rays not available |



Patient Information

- ✓ Please bring this referral slip to your appointment
- ✓ Please notify us if you need PRE-MEDICATION for heart murmur, hip/joint replacement, or other conditions. If applicable, please come pre-medicated
- ✓ Please bring dental insurance information
- ✓ Please bring a list of your medications