



Oregon Periodontics^{PC}

SPECIALISTS IN PERIODONTICS & DENTAL IMPLANTS

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*Thank you for your confidence
in referring this patient to our office.*

Patient Referral Form

This Introduces: _____

Phone Number: _____

Dental Implants # _____

Microsurgical Extraction / Immediate placement

Anterior Custom Provisional

Root Coverage Procedure-Recession Defects # _____

Crown Lengthening # _____

Periodontal Pockets _____

Other _____

Sending Radiographs *Email* *Mail* *w/Patient*

Comments:

Referred By: _____

Date: _____