IMPLANTWIDE
Konstantin Gromov, DDS ☐
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implantwide.com

Popular Services Provided
- Δ Comprehensive periodontics
- Δ Dental implants
- Δ All on 4, 6, X
- Δ Laser gum treatment
- Δ Zirconia implants

REFERRAL FORM

From: Dr. _____ Date _____

Patient Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Requires Premedication: ☐ Yes ☐ No Drug Allergies: _____

Reason for Referral:

___ Comprehensive Periodontal Evaluation_____
___ Localized Periodontal Evaluation #_____
___ Gingival Recession/Root Coverage #_____
___ Call Doctor before/after examining patient

___ Contact patient after_____days
___ Implant Consultation #_____
___ Crown Lengthening #_____
___ Emergency_____
___ Other_____

Radiographs: (please circle the appropriate)

___ Take FMX/send copy to me
___ I am mailing FMX/pano/individual periapicals

___ Patient bringing FMX/pano/individial periapicals
___ Please duplicate & return my X-rays
___ FMX / PAN - taken on _____

Comments: _____

Restorative Treatment Plans include: _____

We look forward to working together to serve our mutual patients.
Dr. G & Dr. M

ONLINE FORM

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