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Specialized in Periodontics and Dental Implants

Sunshine Dental Implant & Periodontics

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Please bring this referral form with you to your appointment

Referring Dr. _____

Phone: _____

Patient's Name: _____

Date: _____

Reason for referral:

☐ Comprehensive Periodontal Evaluation

☐ Implant Consultation

☐ Isolated Periodontal Evaluation

☐ Implant Placement

☐ Extraction & Ridge Preservation

☐ Gingival Recession/Soft Tissue Grafting

☐ Sinus Augmentation

☐ Implant for Full Denture

☐ Cosmetic Gingival Contouring

☐ Implant Complications

☐ Crown Lengthening

☐ Orthodontic-Related Treatment

☐ Periodontal Regeneration

☐ Tooth Exposure

☐ Gummy Smile

☐ Biopsy/Oral Lesion

☐ Frenectomy

☐ TAD

☐ Periodontal Accelerated Orthodontics

Radiographs:

☐ Attached

☐ Mailed

☐ Emailed

☐ Required

Additional Comments: _____

INSTRUCTIONS TO PATIENTS

Please bring this **referral form**, your **valid ID**, and your **insurance information** to call and for appointment