Dmitriy Ivanov, DDS

Board Certified Periodontist and Dental Implant Specialist

Patient's Name _____ Date Referred _____

Patient's Phone # _____

Referring Doctor _____

Patient is being referred for _____

- ◯ Complete perio evaluation
- ◯ Crown Lengthening
- ◯ Implants
- ◯ Extraction
- ◯ Botox
- ◯ Periodontal abscess
- ◯ Sinus Augmentation
- ◯ ALL-ON-X
- ◯ Wisdom Teeth
- ◯ Biopsy (soft tissue)
- ◯ Soft tissue graft
- ◯ Root coverage

Implant Preference ◯ Megagen ◯ Straumann ◯ Neodent ◯ Other

Comments / Area of Special Concern _____

Treatment Date:

◯ Prophylaxis & gross scaling Date of service: _ _ / _ _ / _ _ _

◯ Root planning Date of service: _ _ / _ _ / _ _ _

Do you have any restorative plans for this patient at this time? ◯ YES ◯ NO

◯ If yes, briefly outline your plans: _____

PRECISION
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