Jean J. Li, DDS PhD

Board Certified Periodontist

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Patient Name: ______________________________

Reason for referral:

- ☐ Periodontitis
- ☐ Gingival recession #
- ☐ Extraction and/or Implant #
- ☐ Crown lengthening #
- ☐ Others:

X-rays:

- ☐ Emailed to:
- ☐ Given to patient
- ☐ No X ray taken

Prefer to be contacted by:

- ☐ Email:
- ☐ Letter address to:
- ☐ Phone:

Comments: ______________________________

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Referring Doctor /Office : ______________________________

Referring Doctor Signature and Date: ______________________________