



Afarin Arghami DDS. MSD.

Periodontics & Implantology

Diplomate of the American Board of Periodontics

www.ArghamiPerio.com

Referred by: Dr. _____

Patient name: _____

Date: _____ Patient's phone: () _____

Reason for referral:

- Comprehensive Periodontal exam/treatment:
 - Generalized Localized: # _____
- Recession and root coverage procedures (gum grafts):
 - Generalized Teeth/quads: # _____
- Laser periodontal regeneration (LANAP/LAIP): # _____
- Extraction and ridge preservation: # _____
- Implant placement: # _____
- Peri-implantitis: Implant # _____
- Restorative/cosmetic crown lengthening: # _____
- Oral pathology/biopsy: # _____
- Impacted tooth exposure (for orthodontics): # _____
- Other: _____

Periodontal treatment already rendered at your office:

- Prophy Gross debridement/superficial scaling
- Scaling and root planing. Date: ____ / ____ / ____
- On periodontal maintenance therapy. Frequency: _____

Please email all X-rays to: office@arghamiperio.com

Comments: _____



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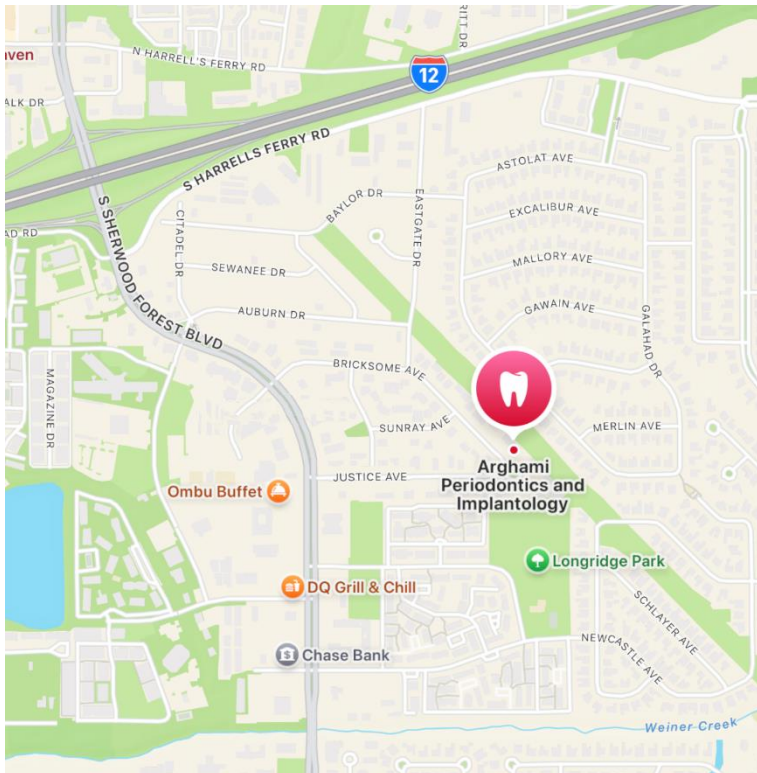
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And more!



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