



FOR ADVANCED  
PERIODONTAL & IMPLANT  
THERAPY

**INTRODUCING:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Appointment: \_\_\_\_\_

Time: \_\_\_\_\_ A.M./P.M.

**RECOMMENDATION**

- Complete Periodontal Evaluation \_\_\_\_\_
- Evaluation of Localized Area \_\_\_\_\_
- Mucogingival Problem \_\_\_\_\_
- Crown Lengthening \_\_\_\_\_
- Dental Implants \_\_\_\_\_
- Other \_\_\_\_\_

**RADIOGRAPHS**

- Enclosed, find all radiographs available from my office.
- I have no radiographs, please take what you will need.

**COMMENTS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred by: \_\_\_\_\_

Phone: \_\_\_\_\_

**ALEXANDRE-AMIR AALAM, DDS • ALINA KRIVITSKY, DDS**

11620 Wilshire Blvd, Suite 718, Los Angeles, CA 90025

**P: 310.826.8242 F: 310.826.8087 [ImplantPerioCenter.com](http://ImplantPerioCenter.com)**