



Dr. Vivienne Allain, D.D.S., Cert. Perio  
 Dr. S. Bruce Yaholnitsky, D.M.D., M.S.

# Patient Referral Form

## Patient Information

Patient Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Date \_\_\_\_\_

- Referred to:  Dr. Allain  
 Dr. Yaholnitsky  
 First available

## Reason for Referral

Periodontal Examination:

- General  
 Specific

Teeth Numbers \_\_\_\_\_  
 Date/Type of Radiographs Available \_\_\_\_\_  
 \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Treatment Required:

- Soft Tissue Augmentation  
 Crown Lengthening  
 Pocket Reduction  
 Bone Graft/GTR  
 Implants: System Preferred  
 Ridge Augmentation  
 Sinus Augmentation  
 Socket Preservation  
 Tooth Exposure  
 Fiberotomy  
 Frenectomy  
 Oral Pathology

Referred by Dr. \_\_\_\_\_ Appointment \_\_\_\_\_

Dear Patient: Your first appointment to our office will usually be an examination unless pre-arranged that the surgery will occur at the same time. We will provide an objective diagnosis for your periodontal health, determine the extent of involvement, and recommend options, the time needed and costs.

We look forward to welcoming you to our practice.

Please look us up at [www.missionperio.com](http://www.missionperio.com)