



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

## Patient Referral Form

### Patient Information

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

Referred to:  Dr. Allain  Dr. Yaholnitsky  First available  
Phone: \_\_\_\_\_

### Reason for Referral

Reason for Referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Patient: Your first appointment to our office will be an examination. We will provide an objective diagnosis for your periodontal health, determine the extent of involvement and tell you precisely what we recommend, 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)