HIGHLAND PARK
PERIODONTICS & DENTAL IMPLANTS

Aline G. Kaye, DDS, MS
Diplomate, American Board of Periodontology
Laura N. Rabe, DDS, MS
Diplomate, American Board of Periodontology

REFERRAL FORM

REFERRING DOCTOR: _____ DATE: _____

OFFICE NAME: _____ OFFICE PHONE NUMBER: _____

INTRODUCING PATIENT: _____

DAYTIME PHONE: ( ) _____ CELL PHONE: ( ) _____

HOW CAN WE HELP?

- ☐ PERIODONTAL EVALUATION
- ☐ DENTAL IMPLANT EVALUATION
- ☐ PERIODONTITIS TREATMENT
- ☐ RIDGE AUGMENTATION
- ☐ SINUS LIFT
- ☐ GUM GRAFTING/ROOT COVERAGE
- ☐ CROWN LENGTHENING
- ☐ CORRECTION OF GUMMY SMILE
- ☐ CANINE EXPOSURE
- ☐ OTHER: _____

COMMENTS/CONSIDERATIONS IN ORDER TO BETTER SERVE YOU:

APPOINTMENT STATUS:

- ☐ APPOINTMENT HAS BEEN SCHEDULED

DATE: _____

- ☐ HP PERIO TO CALL PATIENT
- ☐ PATIENT WILL CALL OUR OFFICE

RECENT RADIOGRAPHS (LAST 12 MONTHS):

- ☐ EMAILED TO: hpperio@hpperio.com
- ☐ ACCOMPANYING PATIENT
- ☐ MAILED ON _____
- ☐ NEEDS CURRENT RADIOGRAPHS

THANK YOU FOR THE REFERRAL!

We will maintain close communication with your office!

4514 Cole Avenue, Suite 902 Dallas, TX 75205 | Office: (214) 559-4670 | FAX: (214) 521-6486 hpperio@hpperio.com | www.highlandparkperio.com