



SAM I. NAIM, D.D.S.

**DIPLOMATE, AMERICAN BOARD OF PERIODONTOLOGY
PERIODONTICS & IMPLANT DENTISTRY**

NAIM PERIODONTICS

Referred by: _____
Introducing New Patient: _____
Address: _____
Phone (home) _____ (work) _____ (cell) _____

I AM REFERRING THIS PATIENT FOR: (Remarks)

- Complete Periodontal Evaluation & Treatment
- Implant Consultation
- Extractions
- Root Coverage
- Soft Tissue Graft
- Dental Implants
- Sinus Graft/Lift
- Crown Lengthening
- Ridge Augmentation
- Pocket Reduction
- Bone Graft/GTR
- Periodontal Abscess

Notes:

1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17

Other: _____

PERIODONTAL TREATMENT DONE BY REFERRING OFFICE

- Scaling & Root Planing UR / UL / LR / LL / ALL Date Done: _____
- Frequency of Periodontal Maintenance _____

RADIOGRAPHS: (FMX ____ BWX ____ PA'S ____ PAN ____)

- Are being forwarded to you Are accompanying patient Are available at our office
- If needed, please take films

TREATMENT DISCUSSION: Please call me: BEFORE AFTER your examination

**PLEASE FAX THIS FORM TO (818) 332-4312 OR CALL (818)336-1120 TO
MAKE AN APPOINTMENT**