SAM I. NAIM, D.D.S.

DIPLOMATE, AMERICAN BOARD OF PERIODONTOLGY
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 Specify: ___ Astra ___ Straumann ___ Nobel Biocare ___ Any
- ☐ Extractions
- ☐ Root Coverage
- ☐ Soft Tissue Graft
- ☐ Dental Implants
- ☐ Sinus Graft/Lift
- ☐ Crown Lengthening
- ☐ Ridge Augmentation
- ☐ Pocket Reduction
- ☐ Bone Graft/GTR
- ☐ Periodontal Abscess

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

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