Periodontal Specialists of Vinings

Husam Bezreh, D.M.D., M.S., A.B.P.
Practice Limited to Periodontics and Dental Implants

Referring Doctor: _____

Office Name: _____

Office Telephone: _____

Date: _____

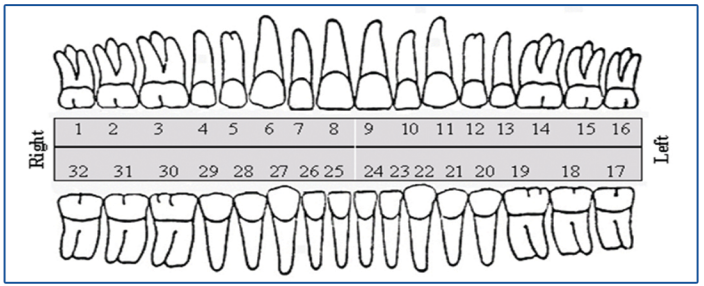
Patient Name: _____

Notes:

_____

_____

_____



Reason for Referral:

Periodontal Pocketing: _____

Recession: _____ Pinhole: _____

Crown Lengthening: _____ Aesthetic ( ) Restorative ( )

Extraction: _____

Implant: _____

Sinus Lift / Ridge Augmentation: _____

CT Scan: _____

Laser Therapy: _____

Frenectomy: _____

Canine Exposure: _____ Chain ( )

Other: _____

Periodontal Specialists of Vinings
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