

DOUGLAS SWEENEY, D.D.S., M.S.

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SAMUEL KORKIS, D.D.S., M.S.

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INTRODUCING: \_\_\_\_\_

TEL (248) 267-8900

REASON FOR REFERRAL :

FAX (248) 267-8904

PERIODONTAL EVALUATION

IMPLANT RELATED SURGERY.

PERIO-ORTHO CONSULTATION

PREFERRED IMPLANT SYSTEM(S): Nobel - Zimmer - Straumann - Imp Direct – Other \_\_\_\_\_

EMERGENCY PROBLEM

PATIENT REQUESTES IV SEDATION

ORAL PATHOLOGY

OTHER – PLEASE SPECIFY \_\_\_\_\_

REMARKS \_\_\_\_\_

ANY PERIODONTAL TREATMENT WITHIN PAST 24 MONTHS?

NO

YES

SRP

SURGERY

X-RAY BEING FORWARDED

NO

YES

REFERRING DR. \_\_\_\_\_

DATE REFERRED \_\_\_\_\_

CONTACT PREFERENCE: PHONE \_\_\_\_\_

OR E.MAIL \_\_\_\_\_