

Westwood Periodontics

Dr. Priyu Gupta, DDS #0579

Board Certified in Periodontics and Implant Dentistry

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REFERRAL INFORMATION CARD

This card will allow me to introduce my patient for periodontal evaluation

Patient Name _____

Patient Phone(w) _____ (h) _____

Comprehensive Exam

Emergency Care

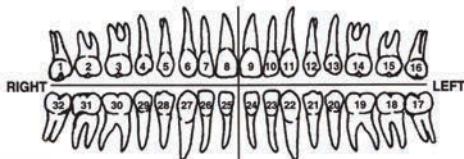
Implant Exam

Crown Lengthening

Gingival Recession

Other _____

Specific areas:



Reason For Referral _____

Periodontal Treatment Completed In Your Office To Date

Prophylaxis - Recall Internal _____ months

Date of Service ____/____/____

CURRENT X-RAYS

Sent By Mail Sent With Patient Please Take X-Rays

No X-Rays Email X-Rays

Referring Dentist _____

Address _____

Phone _____ Date _____