

Issa Dkeidek, DDS, MSD

Board Certified Periodontist



DATE: _____



PATIENT INFORMATION

Patient Name: _____

Phone #: _____



REFERRING DOCTOR INFORMATION

Referred By: _____

Email/Phone #: _____



REQUESTED PROCEDURES

- Comprehensive Periodontal Exam
- Limited Periodontal Exam
- Perform SRP @ Alpine
- Last known SRP date _____
- Periodontal Surgery
- Tooth Extraction # _____
- Implant Placement # _____
- Nobel Biocare Straumann
- Soft Tissue Grafting
- Functional/ Esthetic crown lengthening



SPECIAL COMMENTS



RECENT FULL MOUTH/ PANO RADIOGRAPHS

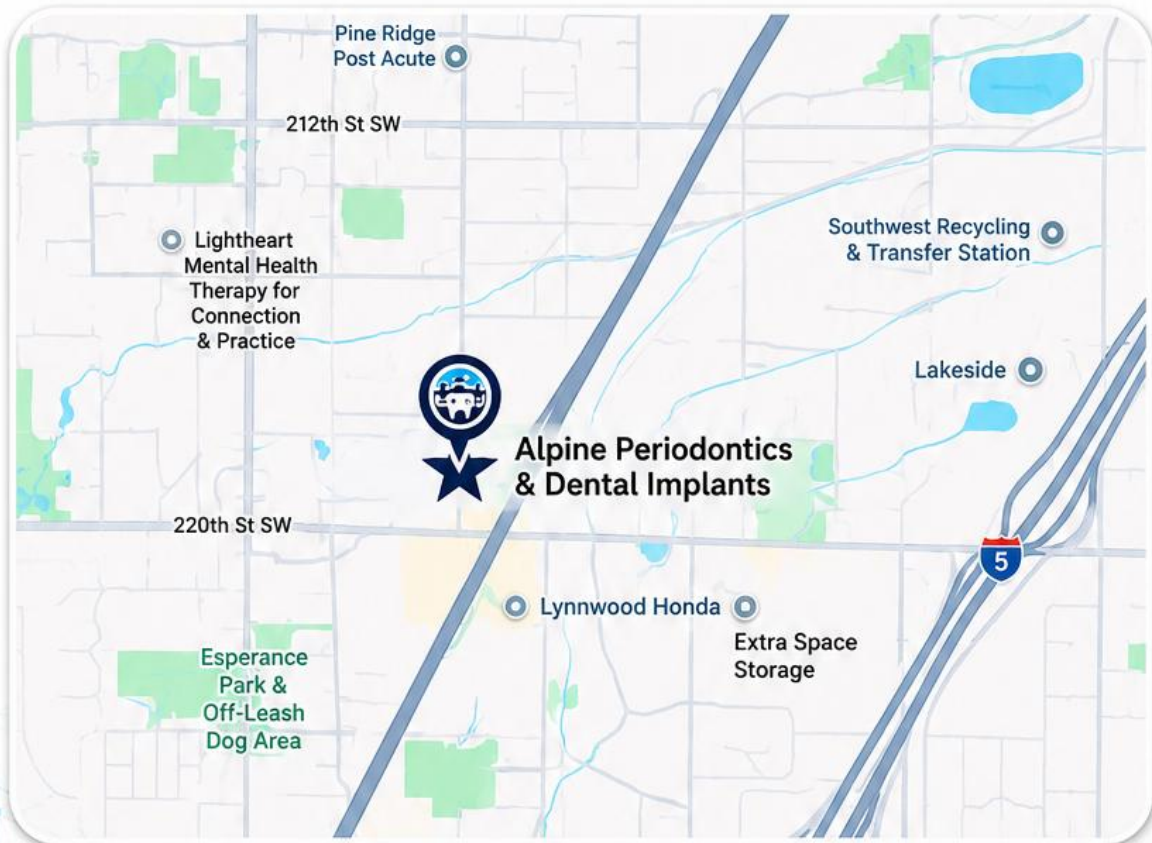
- Emailed to (refer@Alpine-perio.com)
- Take as needed

**We take CBCT's on ALL implant evaluations*

Alpine Periodontics & Dental Implants



Care with kindness



(425) 775-2002



21807 76th Ave W
Suite A
Edmonds, WA 98026



Refer@Alpine-perio.com