



PRISTINE

PERIODONTICS AND IMPLANTS

A.SAYED, DDS, MS

Diplomate of The American Board of Periodontology

Introducing _____ Date _____

REQUIRES PREMEDICATION

REASON: _____

Implant Consult

Gingivectomy/Crown Lengthening

Expose Impacted Teeth

Frenectomy

Periodontal Evaluation

Recession/Mucogingival Defect

Peri-implantitis

Oral Medicine Consult

Area of concern: _____

Do you have specific restorative plans? Yes No

COMMENTS _____

Referred by Dr. _____

Please call before consultation

Please call after consultation

Sending X-Rays to frontdesk@pristineperioimplants.com

X-Rays not available



Patient Information

- ✓ Please bring this referral slip to your appointment
- ✓ Please notify us if you need PRE-MEDICATION for heart murmur, hip/joint replacement, or other conditions. If applicable, please come pre-medicated
- ✓ Please bring dental insurance information
- ✓ Please bring a list of your medications