PERIO HEALTH
INSTITUTE PACIFIC-RIM

Chie Hayashi, D.D.S., Ph.D., M.M.Sc.

Diplomate of the American Board of Periodontology

Patient Referral Information

Introducing _____ ☐ Male ☐ Female

D.O.B _____

Phone Home _____ Work _____

Cell _____

Email _____

Tooth # _____

Reason for referral

- ☐ Comprehensive Periodontal Evaluation
- ☐ Limited Periodontal Evaluation (Please specify the site.)
- ☐ Dental Implant(s)
- ☐ Recession or Mucogingival Evaluation
- ☐ Crown Lengthening (Cosmetic / Restorative)
- ☐ Extraction(s) and Bone Graft
- ☐ Other / Comments

_____

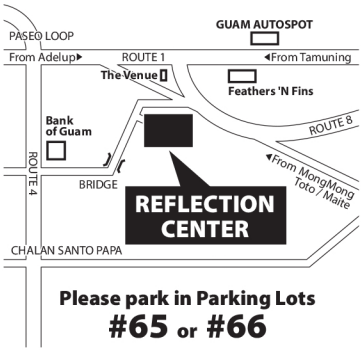
_____

_____

_____

Radiograph availabe ☐ FMX ☐ Pano ☐ BW ☐ PA ☐ CT

Referring Doctor _____ Date _____



Welcome! You are referred to... Perio Health Institute Pacific-Rim

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PLEASE CHECK IN **15 MINUTES BEFORE** APPOINTMENT