

Dental Laser Center of Chicago

A.R. "Eddie" D.D.S. PC

Board Certified Periodontist

Northwestern University Graduate, 1999

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(773) 413-7217

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PPO/HMO/MEDICAID ACCEPTED Financing Available

Patient Referral

Patient Name: _____ Date: _____

Reason for Referral

Comprehensive Periodontal Evaluation

Scaling and Root Planning

Gingivectomy

Connective Tissue Graft

Depigmentation (Gum Bleaching)

Osseous Surgery

Periodontal Maintenance

Other: _____

History of SRP: Yes or No

If yes, date completed _____

*We do not maintain implants

Area of Concern

UR UL

LR LL

| | | | | | | | | | | | | | | | | | |
|---|-------|----|----|----|----|----|----|----|-------|----|----|----|----|----|----|----|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
| R | _____ | | | | | | | | _____ | | | | | | | | L |
| | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | |

Referred by: _____ Tel: _____

Please send copy of x-rays to dentallaserchicago@yahoo.com