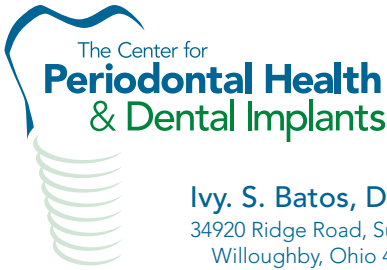
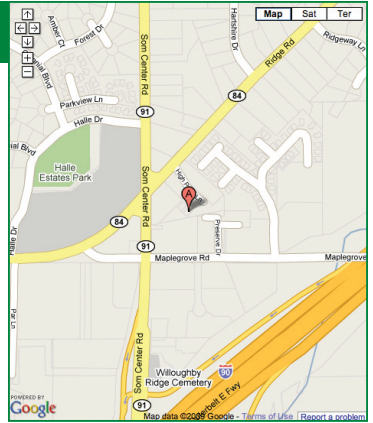


PATIENT REFERRAL FORM



The Center for
**Periodontal Health
& Dental Implants**

Ivy. S. Batos, D.M.D.
34920 Ridge Road, Suite 200
Willoughby, Ohio 44094
(440) 951-1008



Patient Information

Name _____

Date _____

Referring Doctor _____

Radiographs Avail. _____ None _____ BW _____ PANO _____ Full Mouth _____ CT Scan

Reason for Referral

_____ Periodontal Exam (areas of concern) _____

_____ Implant(s) # _____

_____ Tissue Graft # _____

_____ Crown Lengthening # _____

_____ Ridge Augmentation # _____

_____ Biopsy _____

_____ Other _____

Comments

Ivy S. Batos, D.M.D. | Practice Limited to Periodontics, Implants, TMJ.

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Fax: (440) 951-6848 | Email: info@doctorbatos.com | Web: www.doctorbatos.com

REFERRING PRACTICES: PLEASE PRINT AND DUPLICATE FOR YOUR RECORDS.