

Rosenfeld & Mandelaris Ltd.

Health-Centered Periodontics

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Oakbrook Terrace Med Center
Suite 205
1 S 224 Summit Ave
Oakbrook Terrace, IL 60181
(630) 627-3930

Fax: (630) 627-2148

Referral Fax - No Cover Sheet Required

From: Dr. _____ Date: _____

Referring to:

Referred to:

Patient Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Requires Premedication: Yes No Drug Allergies: _____

REASON FOR REFERRAL:

Comprehensive Periodontal Evaluation # _____

Esthetic Crown Enhancement # _____

Gingival Recession/Root Coverage # _____

Call Doctor before/after examining patient

Contact patient after _____ days

Implant Consultation # _____

Crown Lengthening # _____

Emergency _____

Other _____

RADIOGRAPHS:

Take double packet FMX /send copy to me

I am mailing FMX

Patient bringing FMX

Please duplicate & return my FMX

Comments: _____

Restorative Treatment Plans Include: _____

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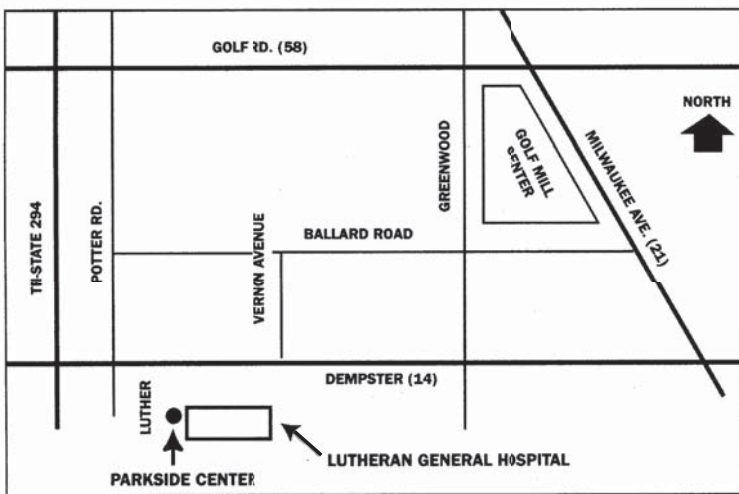
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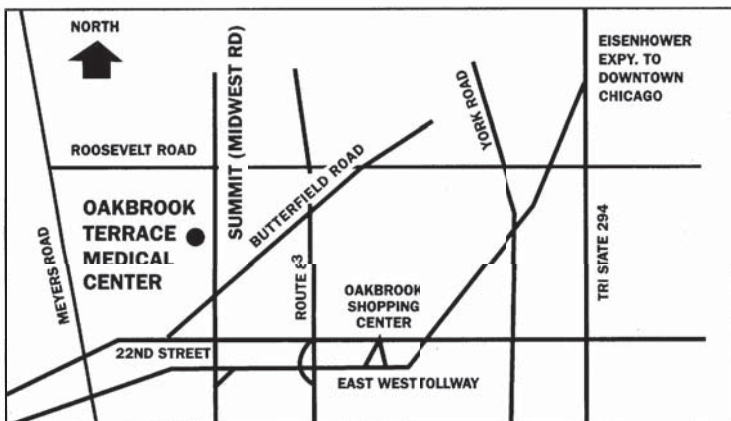
You have been referred to us for an initial periodontal / implant evaluation.

We are committed to offering our patients the highest quality of care. We will work closely with your referring doctor to ensure that we meet all of your individual needs. When you call to schedule your consultation, you will receive further information on what to expect during the first visit. We're looking forward to meeting you.

Park Ridge



Oakbrook Terrace



**For More
Information**

VISIT

www.ChicagoPerioImplants.com

Your complete on-line resource for information on periodontal disease, implants and related issues.

Please log on to www.ChicagoPerioImplants.com and click the following section(s):

- Periodontal Disease
- Gum Recession
- Cosmetic Procedures
- Crown Lengthening
- Implants
- Bad Breath

Or, go to the INDEX and search by Keyword

*Board Certified Periodontists
Cosmetic and Reconstructive Periodontics
Dental Implants*