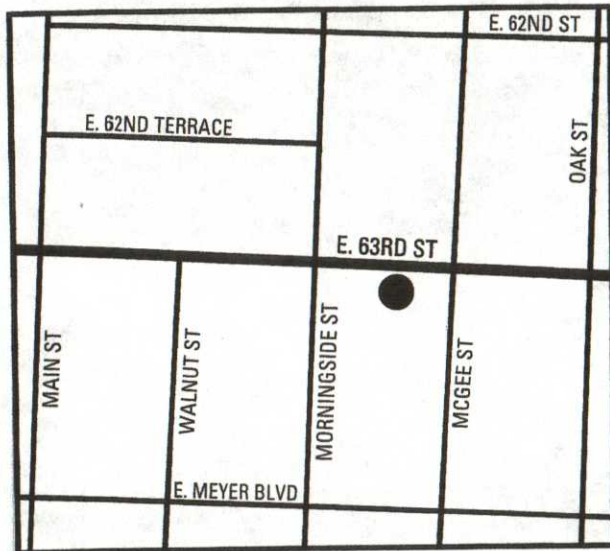
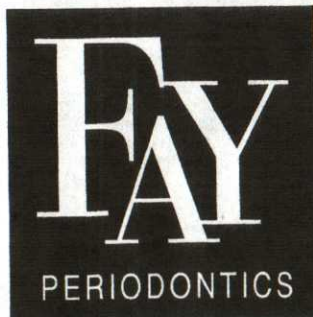
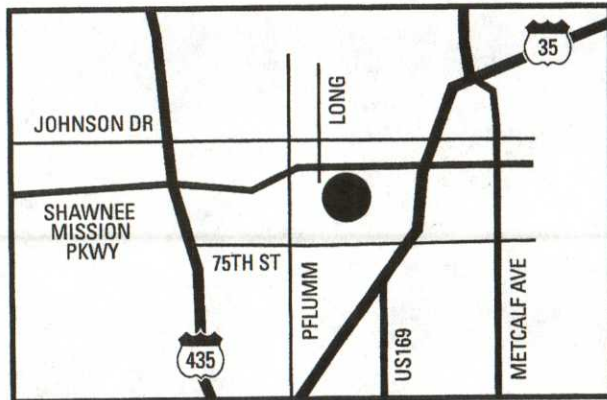


## OFFICE LOCATIONS

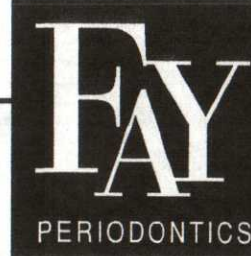


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 816-561-8466 Email: fayperioassociates@gmail.com

DATE \_\_\_\_\_

PATIENT NAME \_\_\_\_\_

PATIENT PHONE \_\_\_\_\_

REASON(S) FOR REFERRAL  
 \_\_\_\_\_  
 \_\_\_\_\_

- PERIODONTAL DISEASE:       mild     moderate     severe
- GINGIVAL PROBLEM:       gingivectomy  
     connective tissue graft  
     aesthetic crown lengthen

LIMITED PERIODONTAL EXAM: Tooth No.s \_\_\_\_\_

EMERGENCY: Tooth No. \_\_\_\_\_

DENTAL IMPLANT CONSULTATION

CLINICAL CROWN LENGTHENING

COMMENTS/PREVIOUS PERIO TREATMENT:  
 \_\_\_\_\_  
 \_\_\_\_\_

REFERRING DENTIST

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PHONE: \_\_\_\_\_

PLEASE EMAIL REFERRAL AND SEND ORIGINAL WITH PATIENT