



*Christine M. Gadia DDS, MS | *Farah Shakir DMD, MS | Julianna P. Shamoan DMD | Shebli Mehrzarin DDS, PhD, MS
*Diplomate American Board of Periodontology

REFERRAL INFORMATION

Date : _____

Introducing : _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (First Name) (Last Name) </div>
Patient Phone Number : (_____) _____ - _____

Complete Periodontal Treatment : _____

Isolated Periodontal Treatment : _____

Recession/Gingival Grafting : _____

GTR/Bone Grafting : _____

Crown Lengthening : _____

Extraction : _____

Biopsy : _____

Implant Consultation : _____

Full Arch Rehabilitation : _____

SFOT (Surgical Facilitated Orthodontic Treatment) : _____

Premedication or Medical Consideration : Yes No If yes please clarify : _____

Sedation : _____

Future Restorative Needs/Treatment : _____

Radiographs are :

Enclosed Accompanying Patient Being forwarded to you Please take accordingly

Comments : _____

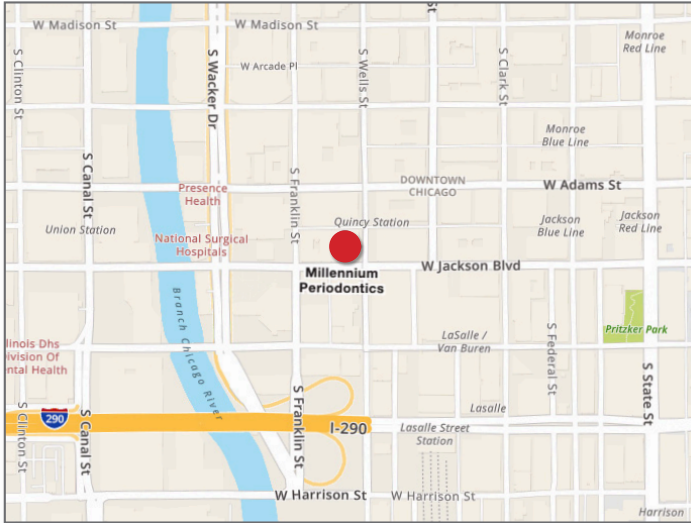
Referred By Dr. : _____ Phone : (_____) _____ - _____



223 W. Jackson Blvd, Suite 1275, Chicago, IL 60606 Email: frdesk@millenniumperiodontics.com Phone: 312.588.0112 Fax: 312.588.0398
1624 W. Division St., Unit B, Chicago, IL 60622 Email: infowp@millenniumperiodontics.com Phone: 773.697.9796 Fax: 773.697.8747

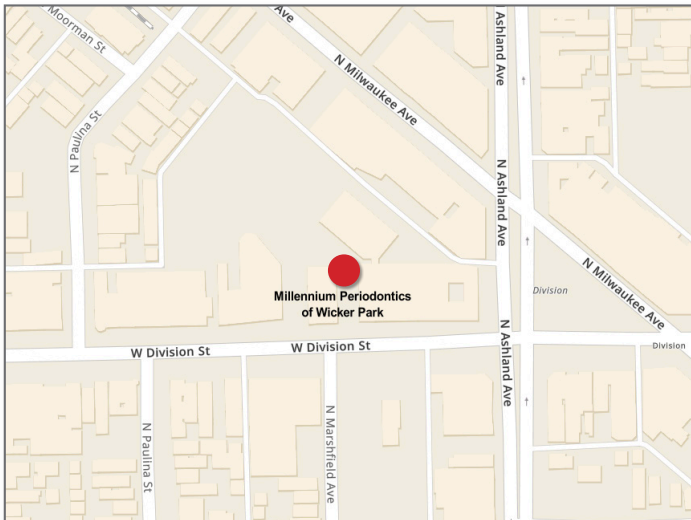
millenniumperiodontics.com

PRACTICE LIMITED TO PERIODONTICS AND DENTAL IMPLANTS



223 W. Jackson Blvd, Suite 1275, Chicago, IL 60606

Phone: 312.588.0112 **Fax:** 312.588.0398



1624 W. Division St., Unit B, Chicago, IL 60622

Phone: 773.697.9796 **Fax:** 773.697.8747