



Practice Limited to
Periodontics,
Dental Implants, &
Oral Diagnostic

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Date of referral: _____

This is to introduce my patient:

Name _____

Home/mobile # _____

Work Phone _____

Referring Dentist

Name _____

Address _____

Phone _____

Type:

☐ Comprehensive Periodontal Examination

☐ Limited Periodontal Consultation

(Please comment on nature of problem and specific location)

☐ Dental Implant(s)

☐ Limited Treatment (Please Comment)

☐ Emergency Periodontal Consult and Tx*

*Please call and make arrangements for an immediate appointment

Remarks: _____

Pertinent Radiographs:

☐ enclosed

☐ accompanying patient

☐ (e)mailed separately to your office

☐ not available; should be taken by BP office

Prefer referral correspondence ☐ written ☐ email

Directions at **www.BelmontPeriodontics.com**

By MBTA from Harvard Square:

take the #74 or 75 bus to Belmont Center

MBTA Commuter Rail: Fitchburg / South Action line

The building is located across from Town Hall Annex Building.

Turn sheet over for detailed directions to 18 Moore Street