

# ORANGE PERIODONTICS

## AND DENTAL IMPLANTOLOGY

Richard K Parris DDS, Sepi Lee DDS MS, Cliff Lee DMD MS

Date: \_\_\_\_\_

### PATIENT INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### REFERRING OFFICE

Doctor: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### CLINICAL DETAILS

I am referring the patient for:

- Comprehensive Eval       Limited Eval       Emergency

This patient may need:

- Periodontal disease treatment       Extractions       Implants  
 Crown lengthening       Gum grafting       Bone grafting

Patient radiographs:

- Sent to [contact@ocperio.com](mailto:contact@ocperio.com)       With patient       None available

Comments: