



LA JOLLA  
DENTAL IMPLANTS  
& PERIODONTICS

PERIODONTOLOGY | IMPLANTOLOGY | ORAL MEDICINE

Erez Nosrati, DMD, MSD, MSc

Board Certified Specialist in Periodontics & Dental Implants  
Faculty, Loma Linda University School of Dentistry

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www.LaJollaDentalImplants.com

Referring Doctor: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Introducing New Patient: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ Email: \_\_\_\_\_

**REASON FOR REFERRAL (check all that apply):**

**Examination:**

- Complete Periodontal Evaluation
- Specific Periodontal Evaluation
- Dental Implants Placement
- Dental Implants Evaluation

**Treatment:**

- Dental Implants
- Extraction/ Socket Preservation
- Pocket Reduction
  - Generalized
  - Localized # \_\_\_\_\_
- Crown Lengthening (Functional/Aesthetic)
- Bone Graft /GTR
- Ridge Augmentation
- Sinus Lift
- Gingivectomy
- Root Coverage/Soft Tissue Graft
- Ortho Exposure
- Wilckodontics/Accelerated Osteogenic Orthodontics (AOO)
- Pinhole Surgical Technique (PST)
- Frenectomy
- Biopsy
- Dental Implants Removal
- Alveoloplasty
- Tuberosity/Tori Reduction
- Laser Assisted Periodontal Therapy
- Laser Gum Depigmentation
- Other \_\_\_\_\_

**3D Scan:**

- CBCT (With / Without report)
- 3Shape Intraoral Scan

**Anesthesia:**

- Oral Sedation
- IV Sedation
- General Anesthesia

Teeth Numbers: \_\_\_\_\_

Date of last full mouth radiographs: \_\_\_\_\_  Please take a new FMX

Radiographs will be:  emailed  mailed

Restorative treatment plan: \_\_\_\_\_

Length of time in your practice: \_\_\_\_\_

Date of last dental cleaning/scaling and root planing: \_\_\_\_\_

Comments: \_\_\_\_\_



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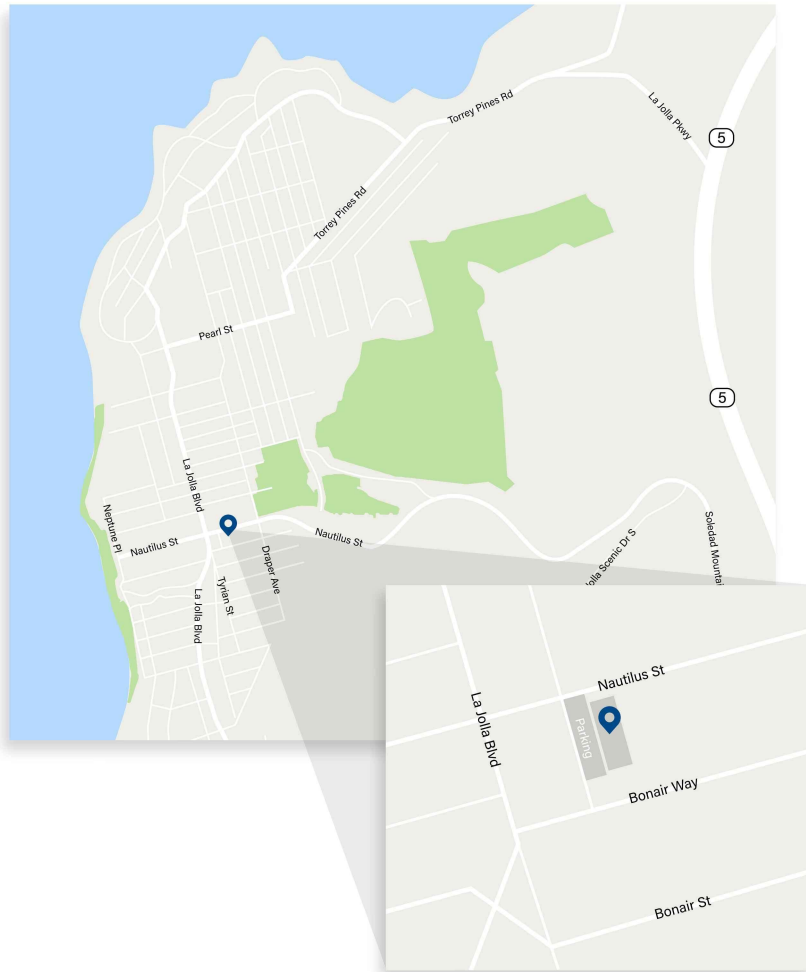
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We are committed to excellence in patient care.

Thank you for your referral!

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