



D E E R P A T H
DENTAL SPECIALISTS
P E R I O D O N T I C S

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Board Certified in Periodontics

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DATE: _____

PATIENT: _____ TEL# _____

I AM REFERRING THIS PATIENT FOR:

Complete Periodontal Evaluation & Treatment

(On Teeth #s)

Limited Periodontal Eval. & Treatment

Crown Lengthening

Implant Consultation

Recession/Grafting

Ridge Augmentation

Bone Grafting

Guided Tissue Regeneration

Other: _____

PERIODONTAL TREATMENT COMPLETED IN OUR OFFICE

Plaque Control & Oral Hygiene Instruction

Root Planing and Scaling

RADIOGRAPHS

Are being forwarded to you.

Are accompanying patient.

Are available in our office.

If needed, please take films and send me a set.

CASE PLANNING

Please call BEFORE examination.

Please call AFTER examination but before consultation.

The patient has restorative needs we should discuss. Yes No

COMMENTS

DOCTOR: _____