

Douglas F. Dompkowski, DDS
Practice Limited to Periodontics & Implant Dentistry
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Referring Doctor Doctor's # Referral date

Patient's Name Patient's #

Please provide comprehensive periodontal evaluation

Please evaluate for gingiva recession on teeth #s

Please provide evaluation of the following specific areas:

Please provide implant evaluation for the teeth #s

Other: _____

Radiographs are / are not available.

Appointment reserved at: _____