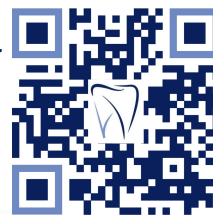


Dr. Marie McKenzie-Tola

16 Vassar Road, Poughkeepsie, NY 12603

845-244-6999



Patient Referral - Periodontal & Dental Implants

PLEASE BRING THIS FORM TO YOUR APPOINTMENT

Introducing: _____ Appointment Date & Time: _____

This patient is being referred for evaluation of the following symptoms:

Tooth Number or Area For Consideration:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

☐ Upper Right ☐ Lower Right ☐ Upper Left ☐ Upper Left

Comments:

☐ Please call me before proceeding with treatment.

☐ I have sent radiographs for your evaluation.

Please email radiographs to: neshdent@gmail.com

Referring Doctor: _____

Referring Date: _____

Referring Practice Name: _____

Referring Phone#: _____