

Jin Y. Kim, DDS, MPH, MS



Periodontics & Dental Implants

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REFERRAL FOR SURGICAL IMPLANT DENTISTRY

Please direct referral to:

- Jin Y. Kim, DDS, MPH, MS
- Roy Yoo, DMD
- either

Introducing _____ Phone No. _____

Appointment Date _____ Time _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<hr style="border: 1px solid red;"/> <i>PLEASE INDICATE AREA OF CONCERN</i> <hr style="border: 1px solid red;"/>															
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Referred for:

- Single tooth replacement with root form implant
- Multi teeth replacement with root form implants
- Ridge augmentation procedure(s)
- Sinus elevation/grafting procedure(s)
- Implant placement for stabilization of removable denture(s)
 - Upper
 - Lower
 - Full
 - Partial denture
- Pre-operative radiographs included? Yes No
- Pre-operative study models included? Yes No

Comments:

Referred by Dr. _____ Phone No. _____

Please refer back to my office for the completion of definitive/permanent prosthetic(s) on the implant(s) with:

- final abutment
- final abutment & provisional restoration
- healing abutment only