

ORANGE PERIODONTICS AND DENTAL IMPLANTOLOGY

Cliff Lee DMD MS, Sepi Lee DDS MS

Date: _____

PATIENT INFORMATION

Name: _____ DOB: _____

Email: _____ Phone: _____

REFERRING OFFICE

Doctor: _____

Email: _____ Phone: _____

CLINICAL DETAILS

I am referring the patient for:

- Comprehensive Eval Limited Eval Emergency

This patient may need:

- Periodontal disease treatment Extractions Implants
 Crown lengthening Gum grafting Bone grafting

Patient radiographs:

- Sent to contact@ocperio.com With patient None available

Comments: