

# Periodontics Referral Form

## JAY AKEF D.D.S.

### *Periodontist, Implant Surgery*

11777 Bernardo Plaza Ct., Suite 106  
 Rancho Bernardo, CA 92128  
 Tel: (858) 618-5435

3737 Moraga Ave., Suite B-408  
 San Diego, CA 92117  
 Tel: (858) 490-9086

This form is to introduce \_\_\_\_\_.

Please check the reason for referral.

	Full Mouth	Localized Area	Tooth or Teeth #
Periodontal Consultation			
Implant Consultation			
Deep Scaling & Root Planing			
Crown Lengthening			
Periodontal Surgery: Osseous, Mucogingival, Bone Grafting			
Gingivectomy			
Recession Coverage			
Crown Exposure			
Fibrotomy, Frenectomy			
Ridge Augmentation, Alveoplasty, Tuberosity Reduction			
Tori Removal			
Hemisection			
Root Amputation			
Retrofill, Apicoectomy			
Biopsy, Pyogenic Granuloma Removal			

Additional Comments: \_\_\_\_\_

Recent Radiographs:

- Unavailable Please Take New Radiographs
- Accompanying Patient
- Mailed To Your Office

Referred By Dr. \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

To  Clairemont Office OR  Rancho Bernardo

Address: \_\_\_\_\_ Phone: \_\_\_\_\_