

**Western University Dental Center Referral Form
Periodontal Referral Form:**

*Please complete the form and fax it to: (909)469-8650. Please contact the Dental Center for an appointment (909)706-3910
We must have this form BEFORE we can schedule the appointment. The cost of the appointment ranges from \$46.00-\$157.00.*

Today's Date: _____

Patient Name: _____

Patient Primary Telephone: _____ Other phone number: _____

Patient Date of Birth: _____

Please send a copy of latest FMX or radiographs on the area of concern evaluate for Periodontal Treatment:

Indicate Specific area or tooth number: _____

Indicate procedure you are referring for: _____

Referring Dentist:

Print Name of Referring Dentist: _____

Address _____

Telephone: _____ FAX: _____ Email: _____

Signature of Referring Dentist: _____