



ROYA ZOJAJI, D.D.S., M.S.

DIPLOMATE AMERICAN ACADEMY OF
PERIODONTOLOGY

Date

Insurance

Patient's Name

Referring Dentist

Please evaluate for:

- Complete Periodontal Exam
- Other: _____

- Full Mouth Radiographs sent
- Please take Full Mouth Radiographs

Scottsdale

10752 N. 89th Place #214B

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