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Periodontal Referral

Patient Name:

Date:

Evaluation:

- Periodontal Disease
- Implants and Related Procedures
- Crown Lengthening
- Gingival Recession – Tissue Grafting
- Orthodontic – Periodontic
- Restorative – Periodontic
- Prosthodontic – Periodontic
- Oral Pathology / Oral Medicine

Specific Restorative Plans:

Radiographs:

- Please Take FMS
- FMS Sent with Patient

Referring Doctor's Name, Phone # & Address:

Potomac Office

11616 Toulone Dr.
Potomac, MD 20854

Phone (301) 299-6664
or (301) 299-7666

Silver Spring Office

White Oak Professional Park
11251 Lockwood Dr.
Silver Spring, MD 20901

Phone (301)-754-0707
or (301)-754-0202

* Find maps and directions on our website

www.drsoolari.com