



Rasheed Simjee, DMD

Date _____

Patient's Name _____

Patient's phone number _____

Referred by Dr. _____

Reason for referral:

- Periodontal evaluation and treatment
- Crown lengthening: biologic width / esthetic
- Implant placement
- Gingival grafting / root coverage
- Ridge augmentation: soft / hard tissue
- Extraction
- Exposure
- Frenectomy
- Other _____

Comments / Restorative treatment plan:

Radiographs: Will be sent Should be taken

Please print a copy for the patient and fax or email a copy to our office

13278 Jamboree Dr. • Tustin, CA 92782
t (714) 508-2513 • f (714) 508-2517
1810 Fullerton Ave • Ste 205 • Corona, CA 92881
t (951) 279-5762 • f (951) 279-5763
www.SimjeePeriodontics.com

