SPECIALTY REFERRAL

☐ Timothy Gifford, DDS — Periodontics & Implants

☐ Fardad T. Tayebaty, DMD — Endodontics

Shanna Larsen, RDA, OSA
Specialty Coordinator
specialtycoordinator@gmail.com

(831) 400-1100
5015 Scotts Valley Drive
Scotts Valley, CA 95066

Introducing: _____ Date: _____

Patient phone: _____ Email: _____

Referring Dr / Office: _____

Office #: _____ Fax #: _____

Office email: _____

How long has patient been in your care? _____

Tooth #(s): _____ Treatment to date: _____

REFERRAL SERVICES

PERIODONTICS

- ☐ Full Perio Exam & Treatment
- ☐ Limited Perio Exam
- ☐ Soft Tissue Eval / Grafting
- ☐ Crown Lengthening
- ☐ Implant Consultation
- ☐ Biopsy / Oral Medicine

ENDODONTICS

- ☐ Endodontic Eval / Consult
- ☐ Root Canal Therapy
- ☐ Root Canal Retreatment
- ☐ Apicoectomy / Surgery
- ☐ Cracked Tooth Evaluation
- ☐ Trauma / Emergency

☐ Other: _____

X-RAYS: ☐ Sent with patient ☐ Emailed ☐ Mailed ☐ Needed

NOTES ON CASE