



## PERIODONTIC REFERRAL

DEENA SHER, DMD, MS

[www.SherSmiles.com](http://www.SherSmiles.com)

Date: \_\_\_\_\_

Introducing: \_\_\_\_\_

Who is being referred for:

☐ Full periodontal examination and treatment

☐ Evaluation and treatment of localized areas

☐ Crown lengthening/exposure \_\_\_\_\_

☐ Soft tissue/recession \_\_\_\_\_

☐ Extraction \_\_\_\_\_

☐ Implant \_\_\_\_\_

☐ Pathology \_\_\_\_\_

☐ Other \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Remarks: \_\_\_\_\_

Radiographs: ☐ Given to patient ☐ Sent/emailed ☐ Please take as needed

Referred By: \_\_\_\_\_

### MAYFIELD HEIGHTS

30071 Cedar Road  
Mayfield Heights, OH 44124

PHONE 440.684.4868

FAX 440.684.4869

Office@SherSmiles.com

### BROADVIEW HEIGHTS

7983 Broadview Road  
Broadview Heights, OH 44147

PHONE 440.546.9333

FAX 440.546.9335

TeamSher@SherSmiles.com