



# ORTHODONTIC REFERRAL

MICHAEL A. SHER, DMD, MS

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

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

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

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Schedule your complimentary orthodontic consultation at [www.SherSmiles.com](http://www.SherSmiles.com)**

## MAYFIELD HEIGHTS

30071 Cedar Road ■ Mayfield Heights, OH ■ 44124

440.684.4867 ■ [Ortho@SherSmiles.com](mailto:Ortho@SherSmiles.com) ■ [www.SherSmiles.com](http://www.SherSmiles.com)



# PERIODONTIC REFERRAL

DEENA SHER, DMD, MS  
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 \_\_\_\_\_

Areas of Concern:

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: \_\_\_\_\_

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440.684.4868 ■ Perio@SherSmiles.com ■ www.SherSmiles.com