

# GUM DOCS

PERIODONTICS AND IMPLANTS

## DOCTOR PREFERENCE

- FIRST AVAILABLE
- DR. AHMED ISMAIL** DDS, MSC, DIP. PERIO  
CERTIFIED SPECIALIST IN PERIODONTICS
- DR. AMANDEEP HANS** DMD, MSC, DIP. PERIO  
CERTIFIED SPECIALIST IN PERIODONTICS

PATIENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
PATIENT EMAIL \_\_\_\_\_ PHONE # \_\_\_\_\_  
REFERRING DOCTOR \_\_\_\_\_ DATE OF REFERRAL \_\_\_\_\_  
REFERRING OFFICE \_\_\_\_\_ PHONE # \_\_\_\_\_

## PATIENT'S INSURANCE

INSURANCE COMPANY \_\_\_\_\_ PLAN GROUP # \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

- SECONDARY INSURANCE

## REASON FOR REFERRAL

- IMPLANT RELATED CONSULTATION AND TREATMENT
- PERIODONTAL CONSULTATION AND TREATMENT
- SPECIFIC AREA ONLY
- CONSULTATION ONLY

## AREA OF CONCERN

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

## COMMENTS

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

- IMAGING ENCLOSED  RADIOGRAPH  CBCT  NONE

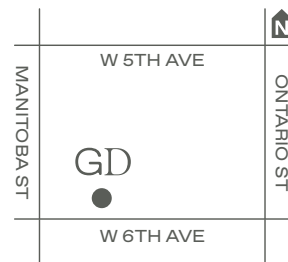
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