

# Campus Commons Periodontics

## REFERRAL

New Patient     Returning Patient    Date of Referral \_\_\_\_\_

Patient's Name \_\_\_\_\_

Address \_\_\_\_\_

Referring Doctor \_\_\_\_\_

Appointment Date \_\_\_\_\_

Complete Exam and Consultation \_\_\_\_\_

Isolated Area \_\_\_\_\_

Implant Consultation \_\_\_\_\_

Emergency Treatment \_\_\_\_\_     Available Pocket Charting

Radiographs:     Current FMX     Sent with Patient     Mailed     Not Available

Emailed - xray@sacperio.com (jpeg)

Date of Last Root Planing or Recall \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_

**C. Thad Szymanowski, D.D.S., Inc.**  
**Jonathan C. Szymanowski, D.M.D., M.M.Sc.**

Practice Limited to Periodontics including Implant Dentistry and Oral Medicine  
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WHITE/CT.SZYMANOWSKI    CANARY/PATIENT    PINK/REFERRING DOCTOR

