

Dr. Mohamed Khaled, DDS, MSD

Diplomate American Board of Periodontology

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(310) 278-3666

Introducing:	Please Evaluate and Treat:
Phone: () Patient is currently in active Periodontal Therapy Yes No	□ Periodontal Disease□ Dental Implant(s)□ Crown Lengthening
Full Mouth Radiographs: Need to be taken Will be forwarded Send Report	 □ Esthetic / Functional □ Gingival Recession □ Bone Graft – Sinus Lift □ Extraction - Ridge Preservation □ Endo – Perio Condition □ Periodontal Abscess □ Ortho related procedure: □ Frenectomy □ Tooth Exposure □ Gingivectomy □ Other
Comments:	

Patient Information

☐ Please bring this referral slip to your appointment.
\square You will return to your dentist for a final restoration after completion of treatment.
\square Please notify us if you need PRE-MEDICATION for heart condition, hip or joint replacement, or other conditions.
\square When applicable, please bring dental insurance information.
☐ Please arrive 15-30 minutes prior to your scheduled appointment.