WesternU Health The Dental Center
795 E Second St, Suite 8
Pomona, CA 91766-2007
T: 909.706.3910 F: 909.469.8650

Periodontal Treatment Referral

Please complete this form and fax it to 909.469.8650. Please contact The Dental Center for an appointment at 909.706.3910.
We must have this form BEFORE we can schedule an appointment. The cost of the initial appointment ranges from $167 to $207

PATIENT INFORMATION

Patient's Name *(Please print)*

Patient Date of Birth

Patient Primary Telephone/Mobile Number

Other Telephone/Mobile Number

REFERRING DOCTOR

Doctor's Name *(Please print)*

Practice Name

Address

City State Zip

Telephone Fax

Email

RADIOGRAPHS AND CLINICAL PHOTOGRAPHS

New radiographs may need to be taken at appointment.

☐ Radiographs sent with patient ☐ Clinical photos sent with patient

RELEVANT CLINICAL INFORMATION

Please Indicate Specific Tooth Number(s)/Area(s): _____

Please Indicate Procedure(s) you are referring for evaluation: Select all that apply

☐ Pocket Reduction Surgery ☐ Soft Tissue Graft ☐ Bone Graft/Guide Tissue Regeneration ☐ Periodontal Consult

☐ Other (Please Specify Below):

DOCTOR SIGNATURE, DATE AND FAX REQUIRED

Dr. _____

Date: _____

Fax: _____