

CLAUDIO IWAMOTO, DDS, MS

Board Certified Periodontist

Practice Limited to Periodontology and Implant Placement

Introducing: _____ Date: _____

Patient's Phone: _____ Premed? yes no

Reason for Referral:

- Periodontal evaluation Implant evaluation
 Emergency Root coverage
 Crown lengthening tooth # _____
 Other _____

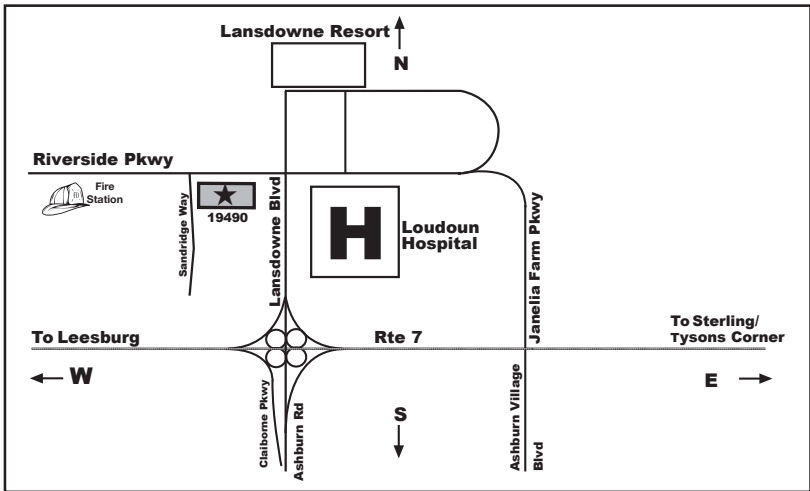
Do you have specific restoration plans? _____

Radiographs:

- Referring office will send FMX BWs PAs Panorex
 Conventional Digital
 New radiographs to be taken at Dr. Iwamoto's office

Remarks: _____

Referred by Dr: _____



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