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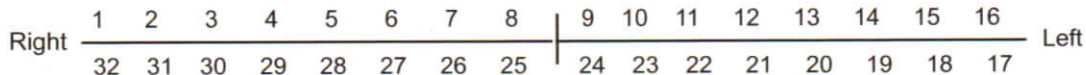
Introducing: _____

Phone: _____

Referred by Dr. _____

Date: _____

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Pocket Reduction | <input type="checkbox"/> Bone Grafting | <input type="checkbox"/> Dental Implants | <input type="checkbox"/> Soft Tissue Grafting |
| <input type="checkbox"/> Gummy Smile | <input type="checkbox"/> Crown Lengthening | <input type="checkbox"/> Biopsy | <input type="checkbox"/> TMD/Botox |
| <input type="checkbox"/> Frenectomy | <input type="checkbox"/> Extraction | <input type="checkbox"/> Other: _____ | |



Recent full mouth X-rays _____ date taken E-mailed Mailed Patient will bring

Comments: _____

We would like to welcome you to LA Periodontics and Implant Specialists. Thank you for choosing our office to help you with your periodontal needs.

Your first visit will include an in-depth medical and dental history, a thorough oral examination, and review of your most current x-rays (additional x-rays may be necessary at time of consultation) to provide a comprehensive treatment plan and address your periodontal needs.

Please assist us at the time of your initial visit by providing the following information:

- This referral document
- A list of medications you are currently taking
- If you have dental insurance, please bring any forms or insurance cards with you to the appointment

We look forward to helping you with your periodontal needs.

Sincerely,

Dr. Rana Shahi

Dr. Chloe Cohen

Office Location

