



**The Dental Center at Western University
Periodontal Treatment Referral Form**

**Please complete the form and fax it to: (909)469-8650. Please contact the Dental Center for an appointment (909)706-3910
We must have this form BEFORE we can schedule the appointment. The cost of the appointment ranges from \$46.00-\$157.00.**

Today's Date: _____
Patient Name: _____
Patient Primary Telephone: _____ Other phone number: _____
Patient Date of Birth: _____

Please send a copy of latest FMX or radiographs on the area of concern evaluate for Periodontal Treatment:

Indicate Specific area or tooth number:

Indicate procedure you are referring for:

Referring Dentist:

Print Name of Referring Dentist: _____

Address _____

Telephone: _____ FAX: _____ Email: _____

Signature of Referring Dentist: _____