



Lynn C. Sayre-Carstairs, DMD

620 California Blvd., Suite L, San Luis Obispo, CA 93401

Fax: 805-545-8336

805-545-9400

www.coastperiodontics.com

Patient _____ Date _____

Patient's Phone No. _____ Appt. _____
Date _____

Referring Dr. _____ Time _____

Sending Radiographs/FMX

Radiographs Needed

PURPOSE OF REFERRAL:

Call After Consultation

Specific area of concern _____

Bacterial Analysis

Crown Lengthening

Biopsy

Periodontal Maintenance Recalls

Gingival Repair

Ridge Augmentation

Occlusal Analysis

Pinhole Surgical Technique

Additional Information _____



~ We appreciate your confidence ~