



LANGLEY PERIODONTICS AND IMPLANT SURGERY

# DR. PAUL JANG & DR. CYNTHIA YEE

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D.M.D. FCDS (BC), FRCD (C)  
Certified Specialists in Periodontics

(map on reverse)

**Appointment Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

### Referring:

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

### Insurance Information:

Pri. Policy Holder: \_\_\_\_\_ Sec. Policy Holder: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Ins. Company: \_\_\_\_\_ Ins. Company: \_\_\_\_\_

Policy/Group #: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

ID/Certificate #: \_\_\_\_\_ ID/Certificate #: \_\_\_\_\_

### Reason for Referral:

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

- Implant (please circle tooth # and specify below):
  - Implant only
  - Implant/Abutment/Temp Crown
  - Implant/Abutment/Final Crown
- Sinus Lift
- CT scan only for implant (please circle tooth #)
- Full mouth periodontal examination & treatment
- Specific periodontal exam & treatment (please circle tooth #)
  - Crown lengthening
  - Recession / Mucogingival
  - Bone graft / Regeneration
  - Cuspid Exposure
  - Pocket Reduction Surgery
  - Other: \_\_\_\_\_

### Dated Radiographs: (Send only if taken within 6 months. E-mail if possible.)

- Enclosed
- Emailed
- With Patient
- Take new radiographs

### Additional Information:

\_\_\_\_\_  
\_\_\_\_\_

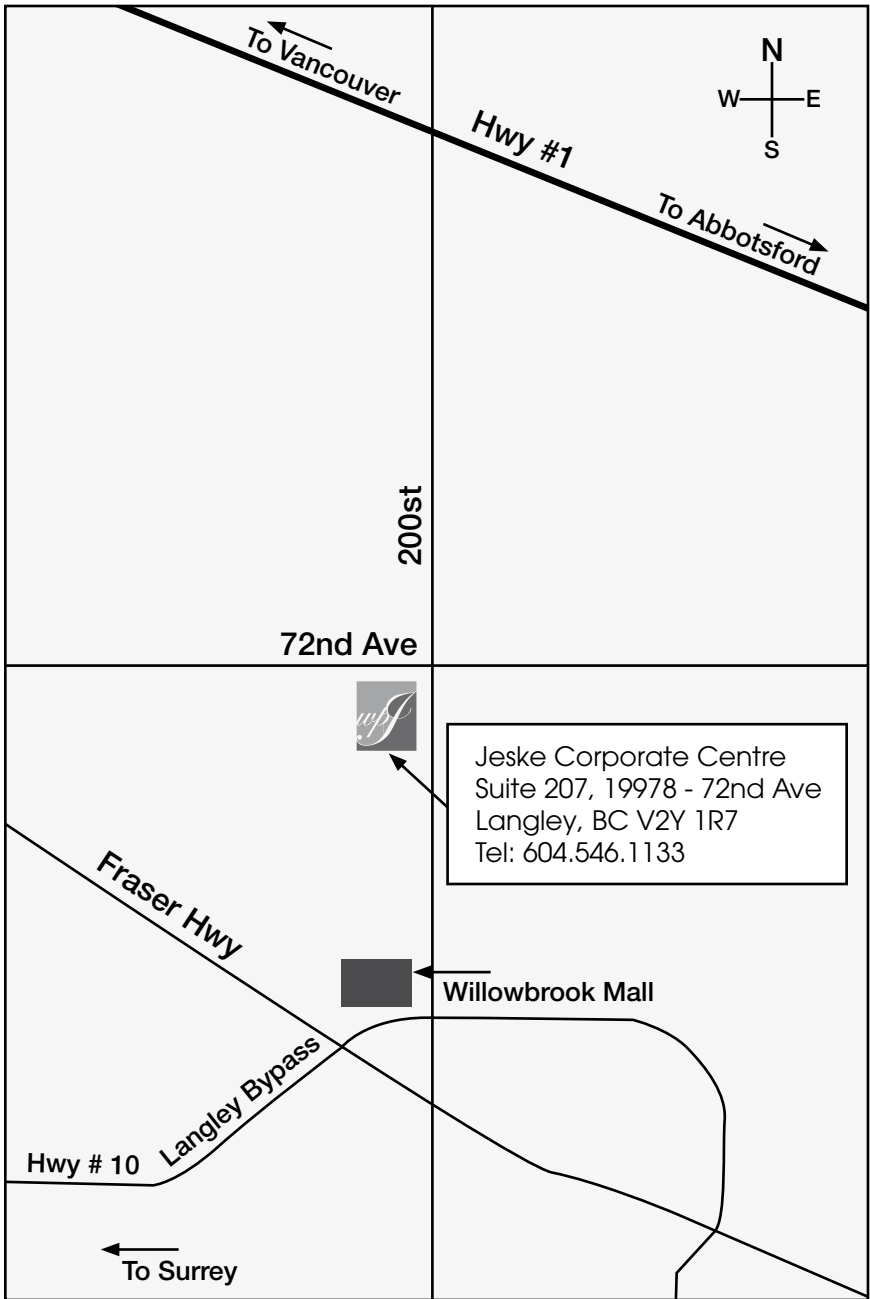
**Referred by:** Dr.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Please send more referral forms

www.langleyperiodontics.com



**Office Policies:**

- All minors (18 years & under) must be accompanied by an adult for all appointments.
- You must give our office 3 business days notice for cancellations or change of appointment to avoid a \$60.00 fee.
- We will gladly bill your insurance on your behalf, however patient payment is due in full at the time of the consultation or treatment.