

REFERRAL FOR PERIODONTAL / IMPLANT CONSULTATION

I, _____, a patient of record at Dr. Kim's periodontal practice,

have the pleasure in referring _____

(name of person being referred) to your professional care. This patient is a [] family

member [] friend of mine, and I would request the same wonderful treatment that I have

received... He/she can be contacted at:

Phone Number _____

email _____

Area of interest/concern:

Treatment of gum disease

Consultation for cosmetic gum procedure(s)

In need of dental implant(s)

Please direct referral to: Jin Y. Kim, DDS, MPH, MS

Roy Yoo, DMD

Other comments and special requests:

Referrer's full name: _____

Address: _____

Phone: _____

Email: _____