

# Jin Y. Kim, DDS, MPH, MS

*Diplomate American Board of Periodontology*

*Diplomate American Board of Oral Implantology/Implant Dentistry*

620 N. Diamond Bar Blvd

Diamond Bar CA 91765

Tel **909-861-3043** • Fax 909-860-3263

[www.DiamondBarPeriodontics.com](http://www.DiamondBarPeriodontics.com)



## 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)

Other comments and special requests:

Referring person's full name: \_\_\_\_\_

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

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

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

### Instructions:

1. Please mail or fax this form to: **620 N. Diamond Bar Blvd, CA 91765**, or
2. Fax this form to **909-860-3263**, or
3. Email this content to [admin@DiamondBarPeriodontics.com](mailto:admin@DiamondBarPeriodontics.com)
4. Give the completed form to the prospective patient to bring to our office

*Your referred friend/family will receive complimentary consultation as well as professional courtesy on most dental procedures.*