



## ***AJK Periodontics & Dental Implants***

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**PLEASE BRING THIS REFERRAL SLIP WITH YOU**

Referring Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Introducing: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone: \_\_\_\_\_

Appointment ( ) Scheduled Date \_\_\_\_\_ Time \_\_\_\_\_

( ) Call patient to schedule

Date of Last Recall \_\_\_\_\_ Frequency of recalls \_\_\_\_\_

Previous Root Planing (date) UR \_\_\_\_\_ UL \_\_\_\_\_ LL \_\_\_\_\_ LR \_\_\_\_\_

Previous Periodontal Surgery \_\_\_\_\_

Comments: \_\_\_\_\_

**FULL-MOUTH X-RAYS: ( ) SENT ( ) TAKE FMX AT YOUR OFFICE**

White - Referring Doctor keeps, Yellow - Send w/patient to give to specialist