



**SPECIALIZED
PERIODONTAL**
IMPLANT TEAM

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Introducing: _____

Patient's Contact Phone: _____ Today's Date ____/____/____

Consultation/Procedures Required

____ Full Mouth Exam

____ Isolated Area(s)

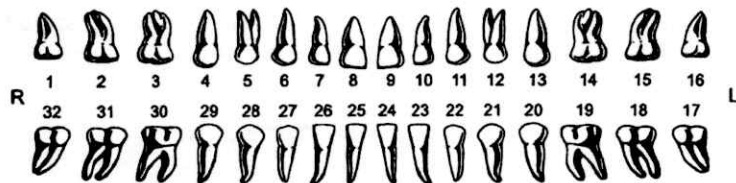
____ Extraction(s)

____ Crown Lengthening

____ Dental Implant(s)

____ Soft Tissue Graft

____ Other: _____



Specific Instructions

Radiographs

____ Enclosed ____ Emailed ____ Given to patient ____ Take as needed

Dr: _____ Phone: _____

We would like to take this opportunity to thank you for your referral to Specialized Periodontal Implant Team. We will be in contact with you in regards to our findings and treatment plan recommendations.

You have been referred to a periodontist for specialized care. Our mission is to provide you with the highest level of periodontal care in a comfortable, patient-oriented environment. This appointment has been reserved for you and we kindly request that you notify us at least 24 hours In advance if you are unable to keep your appointment. Your first appointment will be for examination and planning; discussion of your concerns; questions and answers.

For your first appointment please bring:

This referral slip and any x-rays provided to you.

Your dental insurance card if available

A list of the medications you are presently taking, If any

We look forward to seeing you!

Office Location: Our office is located behind Dion's Pizza on Montgomery Parkway.

New Patients are encouraged to fill out new patient paperwork at specializedperiodontal.com prior to the appointment.

Click on tab-NEW PATIENT FORMS

