



DR. YU & ASSOCIATES
PRACTICING THE FINE ART OF PERIODONTICS & IMPLANTOLOGY

DAVID H. YU, DDS, MS
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Referral Form

Date: _____ / _____ / _____

Introducing: _____

DOB: _____

Patient will contact you OR Please CONTACT PATIENT: Phone #: _____

REASON FOR REFERRAL:

- Complete Periodontal Assessment
- Acute Periodontal Problem

- Dental Implants
- Implant Site Preparation / Ridge Augmentation
- Extraction / Ridge Preservation

- Muco-Gingival Problem
- Pre-Prosthetic Procedure / Crown Lengthening

- Other: _____

CHIEF AREA OF CONCERN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

RADIO GRAPHS:

- Sending all radiographs available from my office Date: _____
- Radiographs sent with patient
- I have no radiographs, please take what is needed

REFERRED TO: Dr. David Yu Dr. Nicole Litizzette No Preference, First Available

COMMENTS:

Signed: Dr. _____

Please print name: Dr. _____

Phone: _____

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www.dryuandassociates.com