



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

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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:

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Signed: Dr. \_\_\_\_\_

Please print name: Dr. \_\_\_\_\_

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

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