



Gainesville

PERIODONTICS AND
IMPLANT CENTER

Dr. Maliha Fatima, DMD, MS
Insurance Accepted

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Gainesville, Florida 32606
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✉ Frontdesk@gnvperioimplants.com

PATIENT INFORMATION

Patient Name: _____

Date of Birth: _____

Phone Number: _____

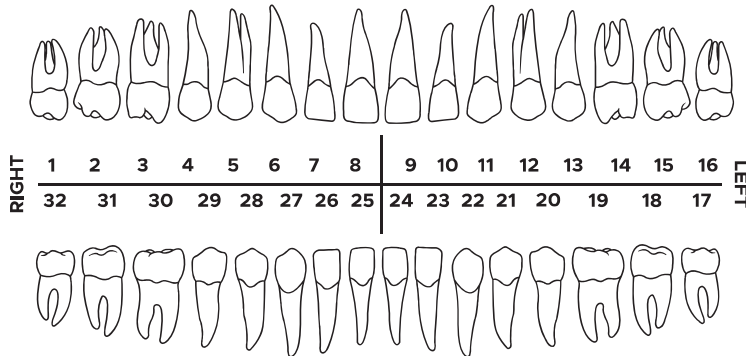
REFERRING INFORMATION

Referring Doctor: _____

Referring Office: _____

Office Phone: _____

Today's Date: _____



REQUESTED PROCEDURES

- Comprehensive Periodontal Evaluation / Treatment
- Gingival Grafting / Recession Treatment
- Periodontal / Osseous Surgery
- Crown Lengthening
- Surgical Extraction / Site Preservation
- Sinus Augmentation
- Ridge Augmentation
- All-on-X / Overdenture
- Oral Pathology Evaluation
- Implants: Straumann / Astra
- Second Opinion

RADIOGRAPHS

- Emailed
- Please Take Necessary Radiographs
- CBCT
- Other: _____

SPECIAL INSTRUCTIONS & COMMENTS



PLEASE FAX OR EMAIL REFERRAL



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Thank you for your referral!