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Referral Form

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

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Date : _____
Tooth #: _____

Introducing: _____

Referred by Dr. _____

Dental Office Name _____

Phone No. _____ Email: _____

Dr. Amir M Mahoozi, Periodontist

- Comprehensive Periodontal Evaluation
- Gingivectomy or Gingivoplasty
- Esthetic Recontouring of Anterior Gingiva
- Frenectomy or Frelunectomy
- Soft Tissue Grafting
- Biopsy
- Extraction
- Dental Implants
- Crown Lengthening
- Ridge Augmentation or Pre-Prosthetic Surgery

Remarks: _____

Dr. Mona Haghani, Endodontist

- Endodontic Exam/Consultation Only
- Emergency Endodontic Care
- Root Canal Re-treatment
- Root Canal Therapy
- Internal Bleaching
- Post Removal
- Leave Post Space

Remarks: _____

Radiographs: None Available Will Send

In addition, we kindly ask the referring office to send a copy of this slip and any relevant radiographs to our HIPPA compliant email info@otrafforddental.com before giving this to the patient