

## MAHNAZ ZANDI. D.D.S. M.S.

Diplomate - American Board of Periodontology

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Los Angeles, California 90067- 2021		FAX (310) 553-5952
Patient	Phone #_	
		Date
Referring Patient for:		
Periodontal Examination and Tr	eatment	
□ Full		☐ Limited Area
<del></del>		
		ent
		vation
☐ GBR/Bone Grafting	1486 1 16661	☐ Sinus Lift
☐ Orthodontic Co-therapy		- omto zm
		☐ TAD Placement
Appointment:  ☐ Please call patient for an appointmen ☐ Patient will call your office for appoi ☐ Patient has appointment on Date	ntment	Time
Radiographs:  ☐ Sent with patient ☐ Sent by en	nail 🗆	Sent by mail
Periodontal treatment completed in our  □ Prophylaxis/maintenance cleaning: □ □ Scaling & Root planing: □ UR □ I	Pate	LL: Date
	wn& Bridg lant Hybrid	
Case Planning:		☐ Please call after treatment

www.drzandiperio.com