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REFERRAL FORM / FACSIMILE FORM

FROM:

Doctor:
Date:
Office Phone:
Doctor's Email:

INTRODUCING:

Patient's Name: Age:
Patient's Home Phone: Work Phone:
Patient's Email:
Patient's Address:
Patient of record in your office since: Month: Year:

PAST PERIODONTAL TREATMENT:

Scaling Date(s): Last Recall Date:
Past Periodontal Surgery Date(s): Recall Interval: 3 Months 6 months Sporadic

RESTORATIVE THERAPY:

Completed
Needs

RESTORATIVE TREATMENT:

Amalgam / Composite Teeth #'s
Crowns Teeth #'s
Bridges Teeth #'s
Implants Teeth #'s
Partial(s) Maxillary or Mandibular

TEETH TO BE EXTRACTED:

Teeth #'s

RADIOGRAPHS:

We will send FMX/PA before appointment
We will give FMX/PA to patient
Please take X-rays and send us a copy

SPECIAL INSTRUCTIONS / INFORMATION:

[Blank lines for special instructions]

PATIENTS:

Please be sure to visit the Patient Resources section of our website and download our New Patient, Medical History, and Office Policy forms as well as our Notice of Privacy Practices.

Having these forms ready upon your arrival will speed up your appointment and get you on your way sooner!

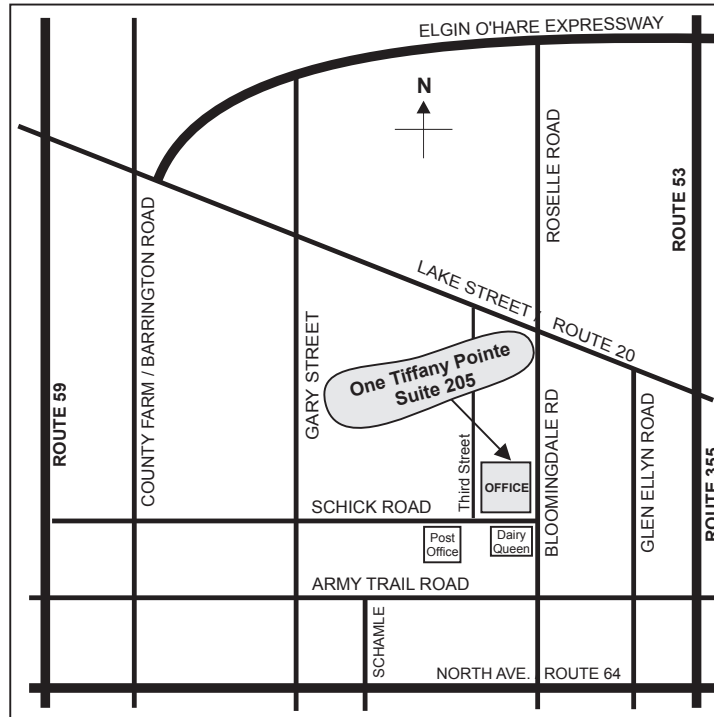
www.chinwallaperiodontics.com

We look forward to assisting you in all of your periodontal needs!

PATIENT'S CONCERNS / FEARS / CHIEF COMPLAINTS:

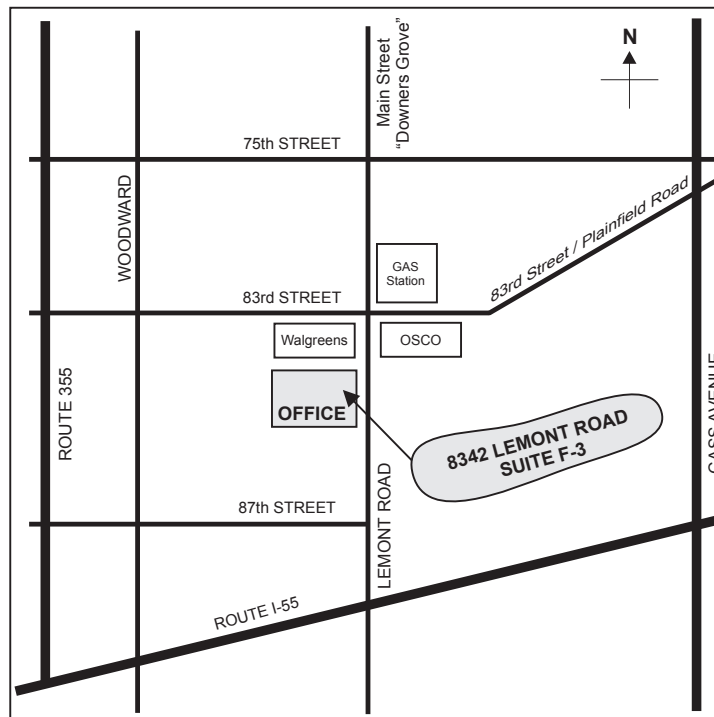
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BLOOMINGDALE



Our Bloomingdale office is located at the corner of Bloomingdale Road and Schick Road, diagonally across from the Bloomingdale Post Office.

DARIEN



Our Darien office is located behind the Walgreens at the corner of Lemont Road and 83rd Street, just west of the Goddard School.