John L. Smith, DDS, MS

Periodontal & implant referral

Complete electronically or print. Email the form and records to referrals@johnsmithdds.com, or call the receiving office.

Preferred office ◯ Chantilly, VA ◯ Washington, DC ◯ No preference

Chantilly: Mike Yeo Dentistry | (703) 488-9921

Washington, DC: DC Light Dental | (202) 347-0100

Patient name | Date of birth | Referral date

Patient phone | Patient email (optional) | Guardian, if applicable

Referring dentist / practice | Office phone / contact person

1 | Referral question

☐ Periodontal evaluation ☐ Recession / gum graft ☐ Implant planning

☐ Implant complication ☐ Bone grafting ☐ Crown lengthening

Tooth / implant numbers or sites (specify numbering system if not Universal)

Clinical question / symptoms / relevant findings / other reason for referral

Timing requested ◯ Routine ◯ Prompt - please call

For an urgent concern, call the office directly; this form is not monitored for emergencies.

2 | Supporting information and records

Relevant prior care (dates / response), medical alerts, medicines, and allergies

For implants: system / dimensions if known, restorative plan, and restoring dentist

☐ Dated X-rays ☐ CBCT ☐ Perio charting ☐ Photos ☐ Health / med list ☐ Other records

Requested follow-up / maintenance plan; preferred secure route for findings (confirm with office)

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