

# ANDRÉ GRENIER, D.M.D., P.L.L.C.

Periodontics & Implant Dentistry

## Patient Referral

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Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Referred By: \_\_\_\_\_ Telephone: \_\_\_\_\_

### TEETH/AREA TO BE TREATED:

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

### Remarks:

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**Radiographs:** Take X-rays Will Send Patient Has X-Rays Other: \_\_\_\_\_

Premedication Required Antibiotic Used: \_\_\_\_\_

**Directions:** Our office is located on the South side of Sunrise Boulevard in the University Professional Plaza just west of University Drive.

**Appointment Information:** If by necessity, you must cancel your appointment, please kindly notify our office at least **24 hours** in advance.