



# PERIODONTICS & DENTAL IMPLANTS

**DRS. CHRISTOPHER & FAVAGEHI**

Diplomates of The American Board of Periodontology

---

## PERIODONTIST REFERRAL FORM

Patient's Name: \_\_\_\_\_ Date of referral: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please forward x-rays to [periodontistoffice@gmail.com](mailto:periodontistoffice@gmail.com)*

---

**Tel: (703) 237-3700 Fax: (703) 237-3621 [www.Drperio.com](http://www.Drperio.com)**

313 Park Avenue, Suite 103, Falls Church, Virginia 22046