

A Professional Referral to

Dr. Jin Y. Kim, and The Team



Patient _____

Date _____

Referred by Dr. _____

Telephone _____

Appointment Scheduled on:

Day _____ Date _____ Time _____

Reason for Referral:

- Comprehensive Periodontal Evaluation
- Dental Implant Evaluation
- Cosmetic Evaluation
- Gingival Recession
- Mucogingival Concerns
- Crown Lengthening
- Pre-Prosthetic Surgery
- Wisdom Teeth (3rd molars)
- Perioscopy
- Laser Periodontal Treatment (LANAP™)
- Pinhole Gum Rejuvenation™
- Oral Pathology Services & Biopsy
- Other

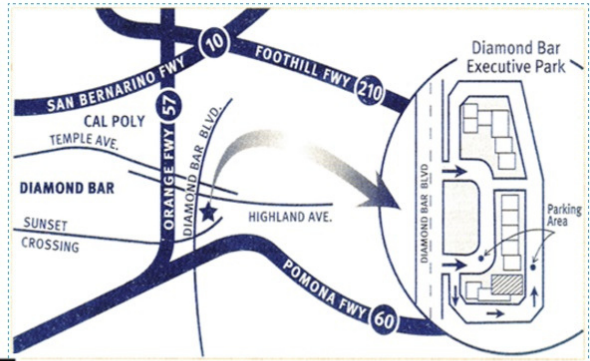
Special Instructions:

Radiographs:

will be mailed will be emailed please take

email radiographs to: xrays@drjinkim.com

Dr. Kim's practice location



**620 North Diamond Bar Blvd
Diamond Bar, CA 91765
909-860-9222**

www.DrJinKim.com