



A Professional Referral to

Dr. Jin Y. Kim, and The Team

Date _____

Referred by Dr _____

Patient _____

Telephone _____

Appointment Scheduled on:

Day _____ Date _____ Time _____

Reason for Referral:

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

Radiographs:

will be mailed will be emailed please take

email radiographs to: xrays@drjinkim.com

714-898-8757



www.DrJinKim.com

Dr. Kim's office is located at:
12777 Valley View Street, Ste 282
Garden Grove, CA 92845