



**M. IHSAN KAYALI, D.D.S., INC.**

**PERIODONTICS & DENTAL IMPLANT SPECIALIST**

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring Dr. \_\_\_\_\_ Phone: \_\_\_\_\_



Covina Office

219 E. Badillo St  
Covina, CA 91723  
(626) 966-9971  
covina@perio4life.com



San Dimas Office

1111 W. Covina Blvd. #220  
San Dimas, CA 91773  
(959) 599-9510  
sandimas@perio4life.com



Newport Beach Office

1401 Avocado Ave. #406.  
Newport Beach, CA 92660  
(949) 688-6003  
newport@perio4life.com

Reason for Referral:

- Complete Periodontal Evaluation & Treatment
- Limited Periodontal Evaluation & Treatment
- Implants# \_\_\_\_\_
- Other:
- Gingival Recession# \_\_\_\_\_
- Crown Lengthening# \_\_\_\_\_
- Block Bone Graft
- Wisdom Teeth

X-Ray: Yes No

Remarks or special instructions: \_\_\_\_\_

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