



# Dental Specialists of Niles, P.C.

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## PATIENT REFERRAL FORM

Patient Name: ..... Phone #: ..... Date:.....

Referred by Dr. .... Phone #: .....

Email: ..... Fax #: .....

Radiographs: *If a recent set of full mouth radiographs are available, please forward.*

- sent in mail                       with patient                       please make

Case planning: please contact  before examination  after examination, before consultation  after patient consultation

## Periodontics, Dental Implants, Oral Plastic Surgery

**Dorothy A. Anasinski, D.D.S.**

- Full mouth: .....  Dental Implants: .....
- Localized: .....  Extraction:.....  Site Preservation .....
- Crown lengthening:.....  Augmentation: ..... Ridge ..... Sinus .....
- Frenectomy: .....  Tooth Exposure:.....  Gingival graft: .....
- GTR/Bone graft:.....  Scaling & root planing .....  completed.....  please complete

## Prosthodontics

**Samantha Chou, D.M.D.**

- Complex Prosthodontic Care .....  Implant Prosthodontics: .....
- Reconstruction:     Full:.....  Partial: .....
- Sleep apnea appliance:.....  TMD:.....
- Other: .....

## Endodontics

**Michael K. Gaynor, D.D.S., M.S.**

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	32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17	

- Consultation .....  Endodontic Therapy.....
- Apicoectomy .....  Post room Preparation.....
- Difficulty achieving anesthesia: .....  Additional information/concerns: .....

.....  Appointment Date .....

## Information for Patient:

You have been referred to our office for specialized care and we will make every effort to make your visit a comfortable experience. Please bring the following information to your appointment at our office:

- This Referral Slip along with any materials your dentist gave you, including x-rays, if available.
- If you take any medications regularly, please bring your list of medication name and dosage.
- Any paperwork such as medical or dental insurance. This will save you time and allow us to process any claims for you.

If you have any questions, please contact us at **847 685-6686**.

We look forward to assisting you with your needs.

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