



# HALL

# Periodontics & Dental Implants

JOHN C. HALL DDS, MS | [Diplomate, American Board of Periodontology](#)

## Referral Form

Please fax to 231-946-9114

- Patient has been instructed to call       Patient desires a call

Introducing:

[Redacted]

Home Phone:

[Redacted]

Work Phone:

[Redacted]

Referred by:

[Redacted]

Date:

[Redacted]

Initial Visit for:

- |  |   |                                 |
|--|---|---------------------------------|
| <input type="checkbox"/> Complete Evaluation | <input type="checkbox"/> Localized Area | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Emergency           | <input type="checkbox"/> Gingival Graft | [Redacted]                      |
| <input type="checkbox"/> Crown Lengthening   | <input type="checkbox"/> Implants       |                                 |

X-Rays:

- Sending       Emailing       Patient bringing

Comments:

[Redacted]

Please provide the patient a copy of this form

TRAVERSE CITY OFFICE

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Traverse City, MI 49684

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