



ADVANCED

PERIODONTICS & IMPLANTS

*“Dedicated to improving lives
through the preservation
and renewal of oral health,
function and appearance.”*

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Rochester, MN 55901

PATIENT REFERRAL

Please email or fax this form to Advanced Periodontics & Implants. Dr. Recker and the Team at API look forward to forming this new relationship!

Patient's Name: _____ Date: _____

Date of Birth: _____ Phone: _____

Address: _____

APPOINTMENT

Please Contact Patient

Scheduled at API

Referred by Dr. _____

Would you like a phone call from Dr. Recker prior to this patient being seen at API? Yes Not Necessary

RADIOGRAPHS

Date: _____

Sending Hard Copy

Sending Via Email

Patient Will Bring

REASON FOR REFERRAL:

PRELIMINARY TREATMENT COMPLETED:

