

# FAYETTEVILLE DENTAL STUDIO

Reihaneh Ghoreishi Mauer, DMD, MS  
*Periodontics & Dental Implants*

Date: \_\_\_\_\_

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

Patient phone number: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone number: \_\_\_\_\_

x-rays available \_\_\_\_\_

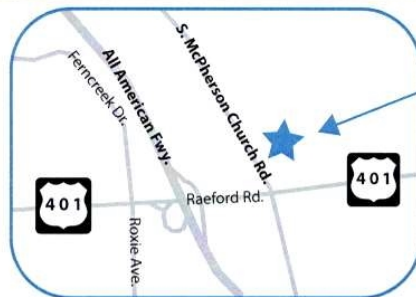
## REASON FOR REFERRAL:

- |   |   |
|---|---|
| <input type="checkbox"/> Periodontal Evaluation # _____   | <input type="checkbox"/> Orthodontic Exposure # _____ |
| <input type="checkbox"/> Crown Lengthening # _____        | <input type="checkbox"/> 3D Dental Image              |
| <input type="checkbox"/> Soft Tissue Graft # _____        | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Extraction # _____               |   |
| <input type="checkbox"/> Implant # _____                  |   |
| <input type="checkbox"/> Sinus/Ridge Augmentation # _____ |   |

Specific Areas of Concern/Comments: \_\_\_\_\_

Patient to return to referring dentist for maintenance

Please bring this referral slip and your medical and dental insurance information with you to your appointment.



## FAYETTEVILLE DENTAL STUDIO

Reihaneh Ghoreishi Mauer, DMD, MS

997 S. McPherson Church Road  
Suite 100

Fayetteville, NC 28303

Phone: 910-323-2364

Fax: 910-323-8632

frontdesk@fayettevilledentalstudio.net

[www.faydentastudionc.com](http://www.faydentastudionc.com)