



Dr. Marie McKenzie-Tola

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Patient Referral - Periodontal

**PLEASE BRING THIS FORM TO YOUR
APPOINTMENT**

Introducing: _____

Appointment Date & Time: _____

**This patient is being referred for evaluation of the
following symptoms:**

Comments:

Please call me before proceeding with treatment

I have sent radiographs for your evaluation

Please email radiographs to:

dentalxrays@optonline.net

Referring Date: _____

Referring Doctor: _____

Referring Practice Name: _____

Referring Doctor Phone #: _____