



NEWNAN
PERIODONTICS
AND
DENTAL IMPLANTS

MINDY S. GIL, DMD, DMSc
DIPLOMATE OF AMERICAN BOARD OF PERIODONTOLOGY

p. 770.252.0029 f.770.252.0091

info@newnanperio.com

Date: _____

From Dr: _____ Dr's Phone Number: _____

Introducing: _____

Reason for referral:

Area/Tooth #

Periodontal /Peri-implant Disease _____

Extractions and/or Dental Implants _____

Mucogingival Deformity:
Recession or Hyperplastic Tissue _____

Crown Lengthening:
Aesthetic or Pre-prosthetic _____

Frenectomy/ Functional Frenuloplasty:
Buccal or Lingual _____

Oral Pathology:
*Dry Mouth, Burning Mouth Syndrome,
Suspicious Lesions* _____

Airway
Airway concerns, Snoring, Oral Appliance _____

Comments/Notes:

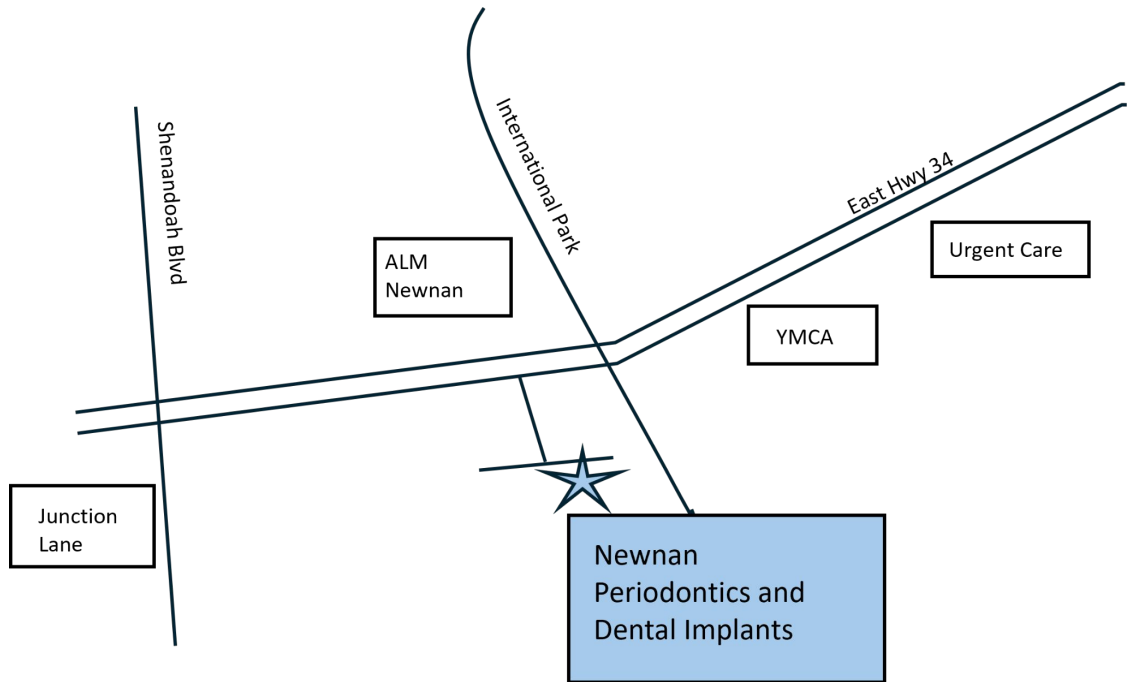


NEWNAN
PERIODONTICS
— AND —
DENTAL IMPLANTS

MINDY S. GIL, DMD, DMSc
DIPLOMATE OF AMERICAN BOARD OF PERIODONTOLOGY

p. 770.252.0029 f.770.252.0091

info@newnanperio.com



We are located inside the White Oak Professional Center

1635 GA-34E SUITE A, Newnan, GA 30265
www.newnanperio.com