



**SPECIALIZED  
PERIODONTAL  
IMPLANT TEAM**

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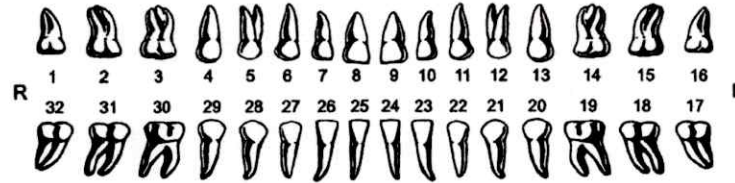
Introducing: \_\_\_\_\_

Patient's Contact Phone: \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Consultation/Procedures Required**

- Full Mouth Exam
- Isolated Area(s)
- Extraction(s)
- Crown Lengthening

- Dental Implant(s)
- Soft Tissue Graft
- Other: \_\_\_\_\_



**Specific Instructions**

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**Radiographs**

Enclosed  Emailed  Given to patient  Take as needed

Dr: \_\_\_\_\_ Phone: \_\_\_\_\_

We would like to take this opportunity to thank you for your referral to Specialized Periodontal Implant Team. We will be in contact with you in regards to our findings and treatment plan recommendations.

You have been referred to a periodontist for specialized care. Our mission is to provide you with the highest level of periodontal care in a comfortable, patient-oriented environment. This appointment has been reserved for you and we kindly request that you notify us at least 24 hours in advance if you are unable to keep your appointment. Your first appointment will be for examination and planning; discussion of your concerns; questions and answers.

For your first appointment please bring:

This referral slip and any x-rays provided to you.

Your dental insurance card if available

A list of the medications you are presently taking, if any

\*Please let us know if you are in discomfort

\*Please alert us if you have a medical condition that may be of concern prior to surgery (i.e. artificial heart valve, artificial joints, osteoporosis medication or blood thinning agents such as Coumadin)

We look forward to seeing you!

Office Location: Our office is located behind Dion's Pizza.

