



MICHIGAN PERIODONTICS & IMPLANTS

www.miperioimplant.com

BASSAM M. KINAIA D.D.S., M.S.
DIPLOMATE, AMERICAN BOARD OF PERIODONTOLOGY
DIPLOMATE, INTERNATIONAL CONGRESS OF ORAL IMPLANTOLOGY

Georgetown Professional Building
3058 Metro Parkway, Suite 110
Sterling Heights, MI 48310
Main (586) 275-7667 - Fax (586) 275-7872

Introducing: _____

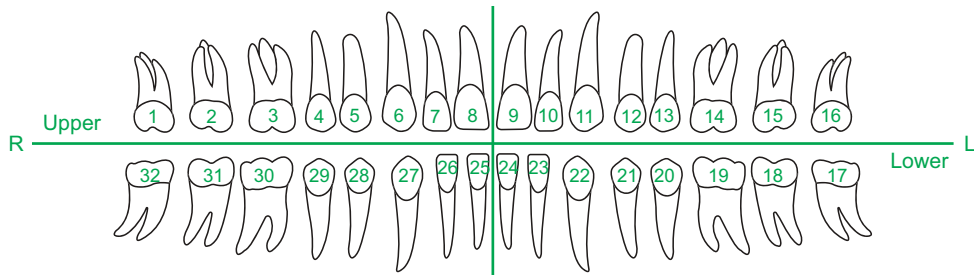
Referred By: _____ Phone: (____) _____

Periodontal treatment within the past 24 months? Yes No

Scaling and Root Planing Periodontal surgery

Full Mouth Radiographs: Need to be taken Will be forwarded

Call Me Send Report Comments: _____



Please Evaluate and Treat:

- Periodontal Disease
- Dental Implant(s)
- Crown Lengthening
 - Esthetic / Functional
- Gingival Recession
- Bone Graft – Sinus Lift
- Extraction - Ridge Preservation
- Endo – Perio Condition
- Periodontal Abscess
- Ortho related procedure:
 - Frenectomy
 - Tooth Exposure
 - Gingivectomy
 - Other _____



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Patient Information

- Please bring this referral slip to your appointment.
- You will return to your dentist for a final restoration after completion of treatment.
- Please notify us if you need PRE-MEDICATION for heart condition, hip or joint replacement, or other conditions.
- When applicable, please bring dental insurance information.
- Please arrive 15-30 minutes prior to your scheduled appointment.