

WESTLAKE PERIODONTICS

SCOTT D. SAZIMA, DDS

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26032 Detroit Rd. Suite 8 Westlake, OH 44145

Introducing _____ Date _____

Patient Phone _____ DOB _____

Patient Email _____

Call to appoint Patient will call Appointment made by referring doctor

Referring Doctor _____ Phone _____

Requested Consultation

Implant(s) Gum Grafting Other

Extraction Gum Surgery Periodontal
Restorative Needs

Bone Grafting Periodontitis

Radiograph Type _____ Date _____

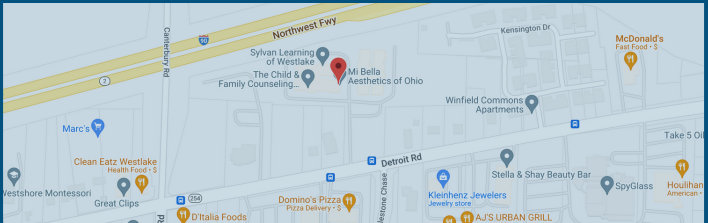
Radiographs Emailed Given to patient Mailed None

Reason For Referral _____

See opposite side for a map and some basic information before your visit.

visit us at westlakeperio.com

Please visit us westlakeperio.com and click '**Information**' under the Patients tab, to fill out your paperwork before your appointment.



Get In Touch
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Instructions For Your Visit

- Please bring this referral slip, any x-rays, medical information, and a list of all medications you are currently taking.
- Please notify our office if you have a medical condition that may be of concern prior to a surgery procedure.
- Please bring your dental insurance information on the day of your visit.
- Patients under (18) years of age must be accompanied by a parent or legal guardian.

We look forward to seeing you during your next visit.
*Please give **48 hours** notice if you are unable to keep your appointment.*

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