

PRACTICE LIMITED TO PERIODONTICS

**Vlad Shapiro, DDS ● Michael Lipson, DDS ● Andrew Baker, DDS ● Mark Zigoris, DDS**

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513.984.4867

Referral to:  **Dr. Lipson**  **Dr. Shapiro**  **Dr. Baker**  **Dr. Zigoris**  **First Available**

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

Referred By: \_\_\_\_\_

Periodontal Evaluation:  Generalized  Localized (Tooth #) \_\_\_\_\_

Crown Lengthening # \_\_\_\_\_ Graft (Recession) # \_\_\_\_\_

Implants: \_\_\_\_\_ Esthetic Smile Design: \_\_\_\_\_

Radiographs Available:  FMX  Panorex  Other: \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return this card to the office of Dr. Lipson and Dr. Shapiro**

Please provide the following patient information if you wish our office to contact the patient as a courtesy to facilitate scheduling:

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Address

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Fold this panel and staple or tape shut**

