Michael S. Shreck, D.M.D., P.C.
Lake Success Medical Building
1300 Union Turnpike, Suite 201
New Hyde Park, NY 11040

Referring Doctors:

Introducing:_____

Date: _____

Referred By: _____

I am Referring This Patient For:

- ☐ Dental Implant Evaluation
- ☐ Complete Periodontal Evaluation
- ☐ Crown Lengthening
- ☐ Bone Regeneration
- ☐ Recession and Grafting
- ☐ Other
- ☐ Areas to Address _____

3D Cone Scan: Maxillary _____ Mandible _____

Radiographs: FMX _____BWX _____ PA's _____

- ☐ Radiographs being emailed
- ☐ Radiographs are being forwarded by mail
- ☐ Radiographs are accompanying patient

Please take films and send us a copy

- ☐ Via email
- ☐ Via mail