

# Dennis Sourvanos DDS DScD

Practice Limited to: Periodontics, Dental Implants,  
Periodontal Plastic Surgery



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

Patient Name: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

2300 Eastern Boulevard  
York, PA 17402-2818  
Tel: (717) 755-1200  
Fax: (717) 755-0506

953 Baltimore Street  
Hanover, PA 17331-1957  
Tel: (717) 633-6339  
Fax: (717) 632-6594

Info@PennPerioImplants.com  
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	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
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## Reason for Referral:

- |  |   |
|--|---|
| <input type="checkbox"/> Implant(s)                  | <input type="checkbox"/> Gingival Recession       |
| <input type="checkbox"/> Implant Disease             | <input type="checkbox"/> Extraction               |
| <input type="checkbox"/> Periodontal Disease         | <input type="checkbox"/> Ridge Augmentation       |
| <input type="checkbox"/> Periodontal Evaluation      | <input type="checkbox"/> Guided Bone Regeneration |
| <input type="checkbox"/> Crown Lengthening           | <input type="checkbox"/> Gingivectomy             |
| <input type="checkbox"/> Periodontal Plastic Surgery | <input type="checkbox"/> Other _____              |

Comments/Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referring Doctor: \_\_\_\_\_

**York Office**  
2300 Eastern Blvd  
(717) 755-1200



**Hanover Office**  
953 Baltimore St.  
(717) 633-6339

