



**BEHNAZ YALDA, D.M.D., M.S., DABP**  
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PERIODONTICS & IMPLANT DENTISTRY

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**REFERRING DOCTOR:**

**PATIENT:**

**I WOULD LIKE YOU TO:**

- Call me prior to seeing this patient
- Call me after seeing this patient
- Notify me by mail/email afterwards

**RADIOGRAPHS:**

- I will send/email
- Please take

**PERIODONTAL HISTORY:**

Previous Root Planning

Other:

**MEDICAL ALERTS:**

- Allergies: \_\_\_\_\_
- Pre-Medication: \_\_\_\_\_
- Patient desires Anxiolysis \_\_\_\_\_

**REASON FOR REFERRAL:**

- Periodontal disease
- Oral medicine/biopsy
- Dental implants
- Extractions/socket grafts
- Ridge/Sinus Augmentation
- Recession/frenum involvement
- Esthetic/crown lengthening
- Functional/crown lengthening
- Perio-ortho concerns:

**RESTORATIVE PLAN:**

**FOR IMPLANTS- SYSTEM PREFERENCE:**

**REMARKS / SPECIAL INSTRUCTIONS:**

## WELCOME TO OUR PRACTICE

Our goal is to improve and optimize your oral health by providing the highest quality of periodontal care. Periodontists have particular expertise in the supporting structures of teeth, as well as diseases and conditions that affect them. By referring you to a periodontist, your dentist is showing a strong commitment to your dental health.

At your first appointment, you will be greeted by our friendly and knowledgeable staff that will ensure you are comfortable and well-informed during your visit. The appointment will consist of a comprehensive examination and treatment discussion.

Please assist us by providing the following information:

- Your referral slip and possible x-rays from your referring dentist.
- A list of medications you are currently taking.
- If you have dental insurance, please bring your insurance cards with you to the appointment.

**Please Note:** All patients under 18 must be accompanied by a parent or guardian.