



Dr. Carl M. Block, DDS, FASO, PC

Diplomate American Board of Periodontology

Regenerative Periodontics, Periodontal Plastic Surgery and Implant Dentistry

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Patient's Copy

Introducing _____

Home # _____ Business # _____

Address _____

Referred by _____ Date _____

Please check instructions:

An appointment was made on: _____

Your office to call patient Patient will call Please call prior to
examining patient

Reason for referral: _____

Date of most recent radiographs that will be forwarded & type: _____

(circle) FMX Vert. BWX Horiz. BWX PANO PA(s)

Periodontal therapy to date: _____

Date of last cleaning: _____

Midlothian

