

www.nwaperio.com

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**PERIODONTAL CONSULTATION REFERRAL**

Referred by: \_\_\_\_\_

Introducing: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Appointment date: \_\_\_\_\_ Time: \_\_\_\_\_

Do they need Pre-Med?  Yes  No

Periodontal therapy in your office to date: \_\_\_\_\_

I am sending:  Full mouth survey  Panoramic radiograph  
 Bite wings  No current radiographs available

Comments: \_\_\_\_\_

- Periodontal Disease
  - Full Exam
  - Isolated teeth (Indicate on charge below)
- Bone Regeneration - Ridge Augmentation
- Crown Lengthening (Anterior for Esthetics)
- Crown Lengthening (Posterior for Function)
- Esthetic Gingival Contouring
- Dental Implant
- Biopsy
- Orthodontic Tooth Exposure
- Frenectomy
- Soft Tissue Graft
- Other \_\_\_\_\_

**AREAS OF CONCERN:**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

**The restorative treatment plan may include:**

- Operative
- Crown and Bridge
- Implants
- Occlusal Therapy
- Partial Dentures
- Maxillary
- Mandibular
- Dentures
- Maxillary
- Mandibular

Comments: \_\_\_\_\_

**Thank you for entrusting us with the care of your patient!**



**FORT SMITH OFFICE:**

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