ARKANSAS PERIODONTAL & IMPLANT ASSOCIATES

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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

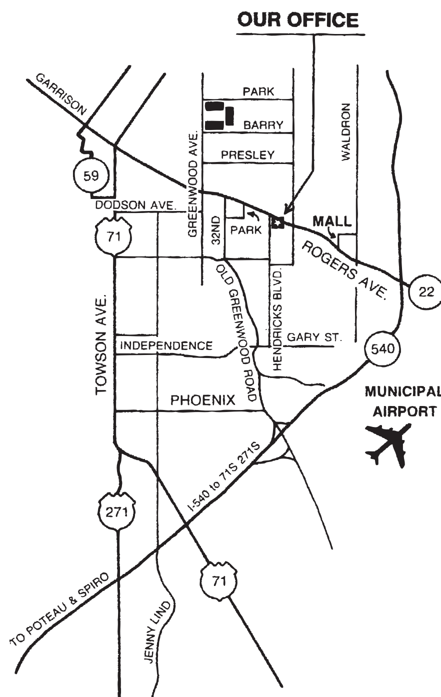
The restorative treatment plan may include:

❒ Operative ❒ Implants ❒ Partial Dentures ❒ Dentures

❒ Crown and Bridge ❒ Occlusal Therapy ❒ Maxillary ❒ Mandibular ❒ Maxillary ❒ Mandibular

Comments: ________________________________

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



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